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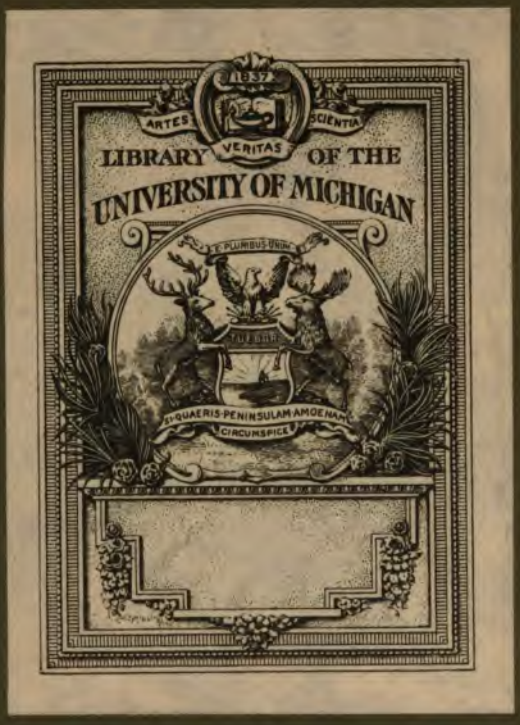
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OF

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EDITED BY

J. J. DRYSDALE, M.D., AND J. R. RUSSELL, M.D.

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THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

THE MEDICINE OF EXPERIENCE.

By Samuel Hahnemann.

(Continued from page 339 of first volume).

The foundation of every disease is a preternatural irritation of a peculiar kind, which disturbs the functions and healthful sense of integrity of our organs.

But the unity of the life of the organs, and their concurrence in a common design, does not permit two preternatural irritations to exist together and simultaneously in the human body.

Hence we derive the first experimental proposition—When two general preternatural stimuli act at the same time on the body, if they are not of the same nature, one of them, the weaker, must for some time be suspended and overcome by the other, the stronger.

The second experimental proposition is: When the two stimuli have a great analogy with each other, one of them, the weaker, is entirely extinguished and destroyed, it and its effects, by the analogous power of the other, which is the stronger.

Thus, for example, if when a man contracts, at the same time, measles and small-pox (two heterogeneous stimuli), and the measles break out first, these disappear immediately on the invasion of the small-pox; and it is only after this last is cured that the measles reappear and run their natural course. I have seen this frequently. Larrey informs us also, that the

plague of the Levant stops as soon as the small-pox begins to predominate, but that it breaks out again after the cessation of the epidemic variola.

These two irritations are of a heterogeneous nature: this is the reason why one is suspended by the other, though only for a certain time.

But, if these two preternatural irritations are homogeneous in their nature, the weaker of the two gives way to the stronger, and the latter alone accomplishes its action, while the other is at once entirely extinguished and destroyed. Thus does the small-pox antidote the cow-pox; the latter being arrested in its course as soon as the infection of the small-pox, with which the body had been previously impregnated, breaks out, and never re-appearing after its cessation.

The vaccine matter which, besides its well-known effect of producing the cow-pox, has also a tendency to give rise to an eruption of little pustules, bordered with red, principally on the face and fore arm,—a tendency which, in certain conditions yet unknown, ordinarily occurs shortly after the desiccation of the cow-pox, cures other cutaneous disorders with which the patient was before assailed, provided there be a great analogy between the two affections, and it cures them permanently.

Two preternatural irritations cannot exist together in the same body; from whence it follows that the morbid irritation superadded to that which already existed, destroys this latter, not only for a certain time, but permanently, because of their similarity; the one altogether extinguishes, annihilates, and completely cures the other.

It is the same in the treatment of disease by medicines.

If we combat the itch of the workers in wool with a strong purgative, jalap, for example, it gradually completely yields as long as we continue the use of the purgative, because the effects of these two preternatural irritations cannot exist at the same time in the body. But as soon as the effect of the artificial irritation ceases, that is to say, as soon as we disuse the purgative, the itch returns as it was before, because, of two heterogeneous irritations, one cannot destroy the other, it can only suspend it for some time.

But if we introduce into the body attacked by the itch a new irritation whose nature is different, nevertheless whose mode of action strongly resembles its own, for example, liver of sulphur, which, according to my personal observations, and those of others, produces an analogous eruption to the itch, as two general unnatural irritations cannot exist at the same time in the body, the itch disappears; not only for a short time, but permanently, because of its great analogy with the new irritation; that is to say, the itch of the workers in wool is really cured by the use of liver of sulphur, and for the same reason by that of sulphur in powder, and sulphureous baths.

Even the affections which a superficial observer considers as purely local, are equally suppressed by a new irritation applied to the part, it may be, for some time, as when the two irritations have a heterogeneous or opposing tendency; for example, the pain of a burn is instantly suspended by cold water, and is not felt while the immersion lasts, but returns with violence when the burnt part is withdrawn from the water; it may be entirely and permanently, that is to say, completely cured, when there is a great analogy between the last irritation and the first.

Thus, when the action of the remedy, for example, of the artificial irritation applied to a burn, is quite of another nature from that of the morbid irritation, but at the same time has a very analogous tendency, as in this instance of concentrated alcohol, which produces on the lips almost the same sensation as if a flame approached them, the burnt skin, if we uninterruptedly continue the application, will, in some hours in serious cases, and much sooner in slight ones, be found perfectly cured and free from pain; so true is it, that even locally, two irritations cannot meet in the body, without one suspending the other when they are dissimilar, or without one destroying the other when they are analogous in their manner of acting and their tendency.

Thus, to cure disease, we need only oppose the morbid irritation by an appropriate medicine; that is to say, by another morbid power whose action strongly resembles that of the disease.

As food is requisite for man in a state of health, so have

medicines been found salutary in disease; but medicines are never absolutely and unconditionally, *but only relatively beneficial.*

Pure aliment, taken until hunger and thirst subside, preserves the body by repairing the loss which follows the exercise of the vital powers, and does not induce any disorder of its organs, nor does it prove injurious to health.

But the substances to which we give the name of "medicines," are of a nature totally different. They afford no nourishment—they are preternatural irritations—solely destined to modify the amount of bodily health—to injure the vitality and functions of the organs—to produce disagreeable sensations—in a word, to make the healthy, sick.

There does not exist a single medicine which has not this tendency; and no substance is a medicine, properly so called, which does not possess it. To this rule there is no exception.

It is solely through this property of producing a series of specific morbid symptoms in the healthy subject, that medicines can cure disease, that is to say, extinguish the morbid irritation by setting up an appropriate counter-irritation in opposition to it.

Not unlike, in this respect, to the specific miasmata of diseases (that of the small-pox, of the measles, the venom of the viper, the saliva of rabid animals, &c.), each simple medicine creates its own special disease—a series of determinate symptoms, which no other medicine in the world can exactly produce.

As plants differ from each other in exterior form, in their distinct mode of existence, in taste, smell, &c. as each mineral or salt is classified apart from all the others, as much by its external physical properties, as by its internal properties, so in like manner do medicines differ from each other in respect of their medicinal virtues, that is to say, in their power of exciting disease. Each of them determines a modification of the existing state of health in a manner exclusively its own.

The greater part of the substances belonging to the animal and vegetable kingdoms are medicinal in their raw state. Those which belong to the mineral kingdom are so both when

raw and when prepared. Medicines manifest their morbific power and true and absolute operation most clearly in perfect health, provided care is taken to administer each alone, and unmixed.

Several of the most active of these substances have been tried on healthy subjects, and the symptoms they have given rise to have been recorded.

If it is wished to take advantage of this natural guide first, and to investigate more deeply this new source of knowledge, it will be necessary to try all medicines successively and cautiously, the strong as well as the weak, removing carefully all accessories capable of producing any influence whatever, and noting the symptoms they give rise to, in the order in which these appear. Thus, we shall have an exact and absolute picture of the morbid symptoms which each of these medicinal substances has the power of producing in the human body. And thus shall we procure a sufficient store of artificial morbific agents (medicines), to supply us with implements of cure, from which we may make our selection.

Then, after having sufficiently examined the disease which it is proposed to treat, that is to say, noted all the appreciable phenomena in the order of their succession, and having especially marked the most important symptoms, it only remains to oppose to this malady a medicinal agent capable of itself exciting all the symptoms which characterize the disease, or at least the greater part of the severest, and the most important and peculiar, and one that can excite them in the same succession as they occurred in the natural disease, in order to cure it certainly, promptly, and permanently.

The results of this method, so conformable to nature, is infallible; it is, without exception, so certain, and its rapidity so much surpasses all expectation, that no other method of treating diseases is at all to compare with it.

But here it is necessary to have regard to the great and important difference which exists between the positive and negative treatment, or, as it is termed, between the radical and the palliative method.

The action of simple medicines on a healthy man, determines, in the first instance, phenomena and symptoms which

may be called the positive malady specifically provoked by these substances, or their positive and primitive effect.

When this effect has passed away, there supervenes, by transitions difficult to perceive, an action precisely contrary to that which took place at first, symptoms directly opposed and negative, which are called the secondary effect. This is especially conspicuous in regard to medicines taken from the vegetable kingdom.

Now, if we apply to a disease a medicine whose positive or first symptoms possess the greatest analogy with those of the disease, it is then a *positive* or *curative* treatment; there happens what ought to take place according to the second experimental proposition, that is to say, a speedy and lasting amelioration, which may be completed by repeating the medicine in doses weaker and weaker, at more and more prolonged intervals, if the first, or the two first, doses have not sufficed to work a complete cure.

In this manner, in fact, we oppose to the unnatural irritation existing in the body, another morbid irritation as analogous as possible, but which, preponderating, extinguishes the former completely, because two preternatural irritations cannot subsist at the same time, in the body of man, and we act here with irritations of the same kind. In truth, we thereby introduce a new malady into the body, but with this difference, as to the result, that the primitive disease has been extinguished by that which we have artificially excited, and that the duration of this last, after the victory it has gained, is much shorter than that of any natural disease whatever, even of the shortest. It is astonishing, that, when the positive or curative medicine corresponds exactly in its primitive symptoms with those of the malady which it is proposed to combat with it, it does not manifest any of the secondary symptoms of this medicine, and its action ceases entirely at the time we should expect to see its secondary effects commence. If the disease be of an acute nature, it disappears in the course of a few hours, which nature assigns as the duration of the primitive medicinal symptoms, and the only perceptible consequence is—Recovery. There is then a true mutual dynamic extinction. In the most favourable

cases, the strength returns immediately, and we see none of those retarding affections which are so commonly observed.

Another fact, not less surprising, is this, that there does not exist a single medicine which, applied in a curative manner, is weaker than the malady to which it is appropriate. No natural morbid irritation resists a medicinal morbid irritation, bearing the greatest possible analogy with it.

If we have made choice, not only of the positive remedy, but have also administered the proper dose (and doses of an incredible minuteness suffice for the curative treatment), the medicine produces at first an aggravation which rarely continues for three hours, and which the patient considers as an *increase* of his disease, but which is nothing more than the manifestation of primitive symptoms, whose intensity is a little greater than those of the disease with which they have generally so great analogy, as to deceive the patient; but he is soon undeceived by the improvement which succeeds. In such a case, the first dose generally suffices to cure an acute disease.

But if the first dose of the well-chosen curative medicine be not a little more powerful than the disease, and in consequence, the particular aggravation of which I have spoken, do not take place during the first hour, the disease is nevertheless extinguished in a great measure; and it only requires a few more doses, gradually weakened, completely to annihilate it.

If, then, care be not taken always to diminish the doses; if they be continued as strong, or increased in strength, there succeeds to the primary disease which had already disappeared, a kind of artificial medicinal disease, which it is not necessary to excite.

But it is quite different in the palliative treatment, *where a medicine is employed, whose positive and primitive effect is the reverse of the disease.*

Almost immediately after the administration of such a medicine, we perceive a sort of amelioration, an instantaneous ebbing, so to speak, of the morbid irritation, but for a short time, as, for example, on the application of cold water to a burn. These medicines are what are called palliatives.

Palliatives only prevent the morbid irritation from acting on the organism, during the continuance of their primary symptoms, because they then produce in the body an irritation which is the reverse of the disease; but afterwards, the reaction, which is contrary to the primary action, coincides with the primary morbid irritation, and aggravates it. During the reaction of the palliative, and when the latter has ceased, the disease gains ground. The pain of a burn is greater when the hand is withdrawn from the cold water, than before its immersion. As, in the curative and positive treatment, there takes place during the first hour a slight aggravation, to which generally succeeds an amelioration, and a more durable cure; so in the palliative treatment, we observe, during the first hour, almost instantaneously even, a delusive amelioration, which diminishes every moment, and which, at the expiration of the primary, and purely palliative action, not only leaves the disease to reappear as before the administration of the medicine, but adds to it a slight degree of its secondary effect, which corresponds to the present morbid condition, in proportion as the primary effect was contrary to the pre-existing morbid state.

If it is wished to repeat the palliative, the first dose will no longer suffice; it is necessary to increase it, and to continue incessantly doing so, until the medicine no longer gives relief, or until the united effects of these ever-increasing doses have produced evil, which, when they reach a certain amount, often suppress the original disease, by substituting another at least as serious as the former.

Thus, it is not uncommon for a chronic sleeplessness to yield for some time to daily doses of opium taken in the evening, because the primary effect of this substance, which acts here as a palliative, is to cause sleep; but as its secondary effect is to produce sleeplessness, that is to say, to add to the primary disease, it is necessary continually to increase the dose, until an insupportable constipation, anasarca, asthma, or some other of the consecutive mischiefs of opium, forbid its further exhibition.

But when only a few doses of the palliative are administered against an habitual complaint, and its use is suspended be-

fore any grave accessory symptoms are provoked, we shall not be long in being convinced that it could do nothing in opposition to the primary disease; that, far from that, it aggravates it by its secondary action; and that, consequently, it procures really only a negative relief. Thus, for example, if the person who wishes to be cured of a chronic sleeplessness, complains only of sleeping too little, a dose of opium taken in the evening soon procures him a sort of sleep; but if he ceases after some days to employ this means, which acts here only as a palliative, then he can no longer sleep at all.

The employment of medicines termed palliatives, is useful and necessary only in very few cases; in those, above all, where the disease is rapidly developed, and threatens an almost instantaneous danger.

Thus, for example, in asphyxia from freezing, after friction of the skin, and gradual exposure to a temperature increasing in warmth, nothing restores the irritability of the muscular fibre, and the sensibility of the nerves, more than a strong infusion of coffee, whose primitive action is to increase the mobility of the fibre, and the sensibility of all the parts of our body, and which, consequently, is a palliative in this case. But here delay is danger, and there is no sustained morbid state to combat; for as soon as sensibility and irritability are restored, even by a palliative, the organism, which has sustained no injury, returns to its duties, and the play of the functions is resumed, without the necessity of having recourse to any other means.

In the same way, it may occur in chronic maladies, for example, hysterical convulsion, or asphyxia, that the temporary influence of a palliative (as the smell of a burnt feather) is pressingly indicated, solely to restore the patient to the ordinary state of his illness, which presents no danger, and which requires afterwards (in order to be cured) the action of more durable and entirely different curative medicines.

But when a palliative does not effect in a few hours what is intended, it soon begins to manifest the inconveniences of which I have spoken above.

In acute diseases, even in those which run their course

most rapidly, it is more worthy of the dignity of medicine, and more advantageous to the patient, that he be treated by positive and curative means. The triumph over the disease is more sure, and in general more prompt, and without consecutive effects.

However, the ill effects of palliatives are trifling in slight acute diseases. The principal symptoms disappear in a great measure after each dose of these medicines, until the disease has run its natural course, when the organism, which has not had time to be much disordered by the secondary effects of the means which have been employed, returns to its duties, and by degrees overcomes the disease itself, and the consecutive effects of the medicine.

But if the patient is cured during the time in which he makes use of palliatives, *he would have been equally cured without any remedy; he would have been cured in the same space of time, because palliatives never shorten the natural period of acute diseases*, and he would afterward have more easily recovered, for the reasons I have just given. The single circumstance that palliatives alleviate the most painful symptoms, makes it appear to the patient and those around him, that this mode of treatment prevails over the disease; whereas it has no real prevailing effect. Now, the curative and positive treatment has, even in the diseases which rapidly run their course, an incontestible advantage over all alleviations which may be obtained by the aid of palliatives, because it abridges the duration of the affection, *really* cures it before it has run its entire course, and leaves no other symptom behind it, provided the remedy has been chosen so as to correspond perfectly with the case.

It may be objected against this method of treatment, that, from the first existence of the science of medicine, physicians have never used it, and that, nevertheless, they have cured diseases.

This objection is only plausible. For, from the beginning of the art of medicine, all sick persons who have really been cured promptly and permanently by medicines, and whose restoration to health has not been the effect of time, of the completion of the time assigned to acute diseases, or of the insen-

sible and gradual preponderance of bodily energy, have been cured, unknown to the physician, by the method which I have just explained, that is to say, by the curative action of a medicine.

However, it has occurred sometimes to physicians to suspect, what is now confirmed by a crowd of facts, that the true cure depends on this aptitude in medicines, on this tendency which is inherent in them, to provoke symptoms analogous to those of the disease. But this ray of truth has, unfortunately, seldom penetrated the spirit of our schools, enveloped in their cloud of systems.

After the remedy has been discovered, by following the steps traced by Nature herself, there still remains an important point, and that is, to determine the dose. A positive and curative medicine may, without any fault on its part, produce the contrary of what it was intended to operate, when it is employed in too large doses. In such a case, it engenders a disease more powerful than that which before existed.

When the hand is plunged into cold water for some minutes, we feel a diminution of warmth, or, rather, a sensation of cold: the veins disappear, the soft parts shrink, the skin is pale, and motion difficult. These are some of the primary effects of cold water upon the healthy body. But if the hand be withdrawn from the water and dried, before long a contrary state of things begins to take place: the hand becomes warmer than the other, the soft parts swell, the veins project more, the skin is redder, the motion is quicker and more energetic; in a word, there seems an increase of vitality there. This is the secondary or consecutive effect of cold water on the body of the healthy man.

This is also about the most powerful dose of cold water that can be employed as a positive or curative means with a durable success in a state of pure debility, which is analogous to its primary effects on the healthy body. I say the strongest dose, because when the whole body is immersed in this water, and the temperature of the former is very low, it is necessary to abridge the duration of the application, to lessen the dose to a suitable degree.

But if the dose of this remedy be considerably increased in

all respects, its primitive effects exasperate the morbid symptoms proper to cold, so as to produce a state of disease which the part we wish to cure of weakness can with difficulty, if at all, overcome. If the dose be carried to a greater height, if the water be very cold, the surface exposed of great extent, and the duration of the immersion longer than usual, there follows a numbness of the whole limb, cramp of the muscles, sometimes even paralysis; and if the whole body remains an hour or more plunged in cold water, death, or at least asphyxia by freezing, takes place in a healthy man; but it happens in far less time when the action of cold is exerted on an enfeebled body.

It is the same with all medicines, even with those which are administered internally.

The reaper overcome by heat, by thirst, and fatigue, whom a single mouthful of brandy restores in the space of an hour, as I have elsewhere said, would fall into a (probably fatal) fever, if, in such a case, instead of a single mouthful, he drank one or two bottles of brandy at once; that is to say, if he took the same positive and curative remedy, but in so excessive a dose as to render it hurtful.

It must not be supposed that this injurious effect of exaggerated doses belongs only to substances employed as positive and curative medicines. Palliatives also produce great inconveniences when the dose is too violent; for medicines are substances hurtful in themselves, which only become remedies by the application, in suitable doses, of their natural tendency to overcome maladies which have a positive or negative analogy with their effects.

Thus, to limit ourselves to the example taken from the negative or palliative means, a frozen hand is quickly restored in the atmosphere of a warm room; this moderate heat acts here as an antagonist to cold; that is to say, as a palliative, without much injury, because the application is not too strong, and has need only to be employed for a short time, in order to cure the morbid state of weakness which was rapidly developed.

But let the hand, already immovable and insensible with the cold, that is to say, frozen, be plunged suddenly, for an hour, into water at 120 degrees, a temperature which the other hand

can well bear, it dies without remedy, gangrene attacks it, and it falls off.

A robust man, violently overheated, is not long of recovering himself in an atmosphere of a moderate heat (about 65° F.), without suffering any appreciable evil from the use of this palliative; but if, in this violently overheated state, he remains for an hour plunged in a river, an immersion which his body, when not overheated, would have borne for the same space of time without suffering from it, he will be taken out dead, or attacked with the most dangerous typhus.

Cold water relieves, as a palliative, a part which has been burnt; but if ice were immediately applied to it, sphacelus would ensue.

It is the same with internal remedies. If a woman, overheated with dancing, drinks a great quantity of iced water, every one knows what the ordinary result is; nevertheless a small spoonful of the same water would have done her no injury, though it is precisely the same palliative, but in a smaller dose. But however overheated she may be, she would be refreshed in a sure and permanent manner, if choice were made of a curative means, whose primary effects correspond with the state in which she is, and if the remedy were administered in a sufficiently weakened dose; that is to say, if she were made to drink a little warm tea, with a small quantity of spirituous liquor in it, and to walk slowly in a cool room; whilst, on the other hand, a large glass of brandy would throw her into a high fever.

Those only who observe attentively can form an idea of the degree to which the susceptibility of the body, with regard to medicinal irritations, is heightened in a state of disease. This surpasses all belief, when the disease has attained a great intensity. A person attacked by typhus, whom we see lying in a state of coma, insensible to every shock, and deaf to every noise, quickly recovers himself under the influence of a small dose of opium, though it be a million times weaker than any mortal yet prescribed.

The sensibility of a very diseased body for medicinal stimulants is carried, in many cases, to such a height, that we see that the body, in this state, is acted on and excited by powers

whose existence has been almost denied, because they do not act on a healthy man, nor in maladies which have no affinity for them. I will cite here, as an example, the power of animal magnetism, of this immaterial influence of one living human body over another, which exercises itself in certain modes of contact or *quasi* contact, and produces so energetic an excitement over those persons whom a delicate constitution and a great sensibility render very subject, as well to lively emotions as to the movements resulting from a very highly developed muscular irritability. This animal power does not display itself in the least between two healthy and robust men, not because it does not exist, but because it is much too feeble to be able to manifest itself in healthy persons, whilst it often acts with only too much intensity in a morbid state of sensibility and irritability, as do also the smallest doses of other curative medicines in a very diseased subject.

It is the same with applications of the magnetic wire, and with the contact with other metals, to the medicinal effects of which a person in a state of health is absolutely insensible.

On the other hand, it is no less true than surprising, that the most robust persons, when attacked by chronic diseases, cannot, notwithstanding the strength of their constitution, and though they can bear without injury many hurtful and energetic irritations, such as excess in eating and drinking, or the abuse of purgatives, they cannot, I say, take the smallest dose of the positive medicine which suits their case, without feeling the effects of it as strongly as an infant at the breast.

There is, in medicine, a small number of substances which act almost solely in a chemical manner; some (as tannin) corrugate the living fibre, as well as the dead; some (as oils) diminish rigidity; others may chemically antidote hurtful substances which exist in the body, or at least in the "primæ viæ" (as chalk or the alkalies neutralize deleterious acids in the stomach, or as hydrosulphuretted water combines with certain metals and their oxides); others, again, may decompose these substances (as alkalis and hepar sulphuris do poisonous metallic salts); others (as the actual cautery) chemically destroy parts of the body. If we except these few substances, the operations (for the most part mechanical) of surgery, and

some injurious and insoluble bodies which are introduced from without into economy, other medicines act in a manner purely dynamic, curing without provoking evacuations, without occasioning violent or even appreciable revolutions.

This dynamic action of medicines is almost entirely immaterial, as vitality itself, by which it is reflected on the organism. It is so above all in an evident manner in positive and curative remedies, with this singular distinction, that too strong a dose may injure and occasion serious disturbance in the body, whilst even the smallest possible dose does not fail to produce a salutary effect, provided the means are well indicated.

Almost the only necessary condition, in order that the effect should develope itself fully, and lead to the cure, is, that the suitable medicine is brought into contact with the living and sensible fibre; but it is of little consequence, how weak the dose is, which, with this intention, is brought to bear upon the sensible parts of the living body.

If a certain small dose of greatly diluted tincture of opium is capable of removing an unnatural propensity to sleep, the hundredth part, the thousandth even of this dose, is sufficient always to attain the same end, and the dose may be yet much more attenuated without the weakest ceasing to produce the same curative effect as the first.

I have said that almost the only condition for the due action of the medicine is, to place it in contact with the living and sensitive fibre. This dynamic property reaches such a length, that it is indifferent to the result whether the contact takes place at such or such a part, provided only that it be deprived of the epidermis. It matters little whether the dissolved medicine penetrates to the stomach, remains in the mouth, or is applied to a wound, or to any part denuded of its skin.

When there is no fear of evacuations (a particular vital disposition of the organism, which has the special power of destroying the dynamic energy of a medicine), the introduction of this last into the rectum, or into the nose, fully answers the views of the physician; that is to say, that if it has the power at all, it cures no less efficaciously a certain pain in the stomach, a particular kind of cephalalgia, a species of stitch in

the side, a cramp in the calf of the leg, or any other ailment seated in a part which has no sort of anatomical connexion with that to which it is applied.

It is only the epidermis with which the surface of the body is covered, that opposes any obstacle to the action of medicines upon the sensible body which it covers; but this obstacle is not insurmountable.

Medicines act through the epidermis, only they have less power. Their action is weaker when they are in a powder, more energetic when they are dissolved, and so much the more powerful in this latter case, as the solution is extended over a greater surface.

However, the skin is thinner in some parts, when consequently the medicine acts with greater facility. Such are the abdomen, the pit of the stomach, the groin, the armpits, the bend of the arm, the inner part of the wrist, the inner part of the ham, &c. These parts are the most sensible to the action of medicines. Friction contributes little more to favour the action of medicines, than the rendering the skin more sensible, and the fibre more susceptible of being impressed by the specific medicinal power, which from thence radiates throughout the entire organism. If the thighs are rubbed so as to heighten the sensibility, and mercurial ointment immediately applied, the result is the same as though these parts had been rubbed with the ointment.

The specific virtue of medicines remains the same, whether employed internally or externally, so as they are put in contact with the sensible fibre, either within or without.

The black oxide of mercury taken by the mouth cures venereal bubo, at least as quickly and surely as friction on the thighs with the Neapolitan ointment. The immersion of the feet in a very weak solution of corrosive sublimate, cures ulcers in the mouth as rapidly and as surely as the reception of this liquid into the stomach, particularly if care is taken to rub the parts before bathing them.

The powder of cinchona applied to the abdomen cures the intermittent fever, which this medicine has the property of curing when taken internally.

But as the diseased organism is generally much more sen-

sible to the dynamic action of medicines, so the skin also of sick persons is more so than that of those in health. A small quantity of the tincture of ipecacuanha applied to the bend of the arm, is sufficient to remove the inclination to vomit in very sick persons.

The medicinal power of heat and of cold only seems not to be so exclusively dynamic as that of other medicines. When these two agents are employed as positive remedies, the smallest possible dose does not suffice to produce the effect. It is necessary that both be stronger and in larger quantities (to a certain extent), if it is wished that their salutary action be rapidly accomplished. But this appearance is fallacious. The power of cold and of heat is not less dynamic than that of other medicines, and the difference arises from our bodies being already habituated to the influence which they exercise in certain quantities. That cold and heat may fulfil the offices of medicines, it is necessary to carry them beyond the accustomed degree a little, if they are to have a positive effect, much more if we have in view only a negative or palliative effect.

A heat equal to that of the blood is, for most of the inhabitants of our climates, greater than they are accustomed to, so that a foot-bath at 98° or 99° F., is warm enough to remove in a positive manner, heat in the head; but if we wish to procure a palliative relief in a case of burning, we must use water much colder than that with which we are used to bathe the healthy parts of our body, and so much the colder (within certain limits, however), the more violent the inflammation is.

What I have just said in relation to the necessity of slightly increasing cold and heat when they are employed as curative means, applies also to all other medicines which the sick person has been in the habit of using. Thus, with persons who are accustomed to the use of wine, brandy, opium, coffee, &c. these substances must be given in rather stronger doses than those which they have habitually taken.

Heat, cold, and electricity, belong to the category of the most diffusible medicinal dynamic stimuli. The epidermis can neither diminish nor arrest their action, probably because this membrane serves in some measure as a vehicle and con-

ductor. It is doubtless the same with regard to animal magnetism, the medicinal action of the magnetic wire, and, in general, to the power exercised by the application of metals externally. Galvanism seems to penetrate with a little less facility through the skin.

When we take the trouble to give it our attention, we soon acknowledge that Nature works great effects with simple and often very feeble means. To imitate her in this, should be the aim of the efforts of the reflecting mind. But the more we heap together the means of attaining a single end, the more we wander from our model, and the meaner are the results at which we arrive.

With a small number of simple means, employed one after the other, but oftener still with one alone, we can restore the greatest disorders of the diseased economy to the natural state of harmony,—we can cure, and often in a very short time, the most chronic, and apparently incurable maladies, whilst, under the influence of means, ill-chosen and mingled together, we see the most trifling evils degenerate into grave and incurable diseases.

Which of these two methods will the artist of healing, who strives after perfection, choose ?

It always belongs to a single simple means, exempt from all mixture, to produce the most salutary effects, provided that it be well chosen, as the most appropriate, and administered in the suitable dose. It is never necessary to employ simultaneously two of these means.

We give a medicine in order to destroy the whole disease by the help of this single substance, or, if this cannot be completely attained, in order to see, after the remedy has exhausted its action, what are the abnormities which still remain to be combated. One, two, or at most three, medicines suffice to annihilate the most inveterate disease. If no cure takes place, it is we who are to blame; the fault is neither with nature nor the disease.

If we wish to judge of what a remedy effects, and still leaves to be done in a disease, we need only give one single simple medicine at once. Any addition whatever, only disturbs the aim we have in view, and as, if it is possible for us to know strictly the symptoms of the action of a simple remedy, it is not

so for us to appreciate the combined powers of a mixture of medicines, partly decomposed by each other, we are not in a position when we wish to separate the effects of the means from those of the morbid symptoms, to distinguish among the unexpected changes, which of these should be ascribed to the malady, and which depend on such or such an ingredient; consequently, also, we cannot know which of these drugs ought henceforth to be abandoned or continued, nor what substance ought to be substituted for one or the other, or for all. In such a course of treatment, no phenomenon can be referred to its true cause. Upon whatever point we direct our attention, we find nothing but uncertainty and obscurity.

The greater part of the simple medicinal substances determine, in a healthy man, a series of positive symptoms often of great extent. The appropriate medicine may then often include, in its primitive effects, the type of most of the appreciable symptoms of the malady which we wish to treat, with many other analogous types which render it equally fitted to cure other maladies.

Now, the only thing we have to desire is, that a medicinal agent agrees, or, in other terms, that it has in itself the power of producing most of the symptoms we discover in diseases; that, consequently, it is in a position, when employed as a counter-irritant, in the form of medicine, to destroy or extinguish these same symptoms in the diseased body. We see that a single simple substance possesses this property in all its sufficiency, when it is carefully chosen for that object.

It is never, then, necessary to employ more than one simple medicine at a time, when one is found which is well adapted to the morbid case.

It is very probable, nay even certain, that, in a mixture of several medicines, each of them separately exercises no longer its own peculiar action on the malady, and cannot, disturbed as it is by others, exert the specific tendency belonging to it, but that one antagonizes the other, and that all modify or mutually destroy their own effects; so that the concurrence of several agents, decomposed by one another in the body, gives rise to an intermediate resultant not to be desired, since it cannot be foreseen or even conjectured.

In fact, experience teaches us that one general irritation extinguishes or represses another, according as there is between them analogy or opposition, or a great difference in intensity; when several medicines act together on the body, the action of some partly destroys that of others, and all that remains to attack the malady is that remnant of the action which has not been antagonized by the combination. Now, we cannot know if this remnant action be suitable or not, because we have no means of arriving at the knowledge of what this will be. All morbid causes whatever, never requiring more than one simple medicine, no master of the art of healing, worthy of the title, will dream of having recourse to mixtures, and thus defeat his very object. On the contrary, it will be an infallible sign that he knows his duty, if he prescribes but one well selected substance which fails not to effect a speedy, mild, and permanent cure.

If the symptoms are slight and few in number, it is an insignificant ailment, hardly requiring the use of medicine, and which a change of diet alone will suffice to cure.

But if we perceive only two or three grave symptoms, a circumstance of rather rare occurrence, the case is more difficult than when there are a great many. It is not easy to prescribe at first the remedy that is perfectly suitable; it may be because the patient is not able to describe with the necessary accuracy all he feels, it may be that the symptoms themselves are not well marked or apparent.

In this uncommon case, we prescribe one, or at most two, doses of the medicine we consider the most suitable.

It happens sometimes that this medicine is precisely the most suitable; but, as it oftener happens that it is not the one that should have been employed, we discover afterwards symptoms which till then had been unperceived, or which have more fully developed themselves. These symptoms, appreciable though weak, may help to give a more exact picture of the disease, and then we shall have greater certainty in choosing the appropriate remedy.

The repetition of the doses of a medicine is regulated by the duration of its action. If it acts in a positive or curative manner, an amelioration is manifested when it has exhausted its influence,

and a second dose destroys the remains of the disease. Some hours may elapse, without inconvenience, between the cessation of the action of the first dose and the administration of the second. The part of the disease already overcome will not renew itself; and even when the patient is allowed to remain several days without medicine, the amelioration, owing to the first dose, continues not the less sensibly.

Far, then, from its being improper to wait a little time in such a case, repeating the dose too soon, may rather prejudice the cure, because the new dose may produce the effect of an augmentation of the first, and in that way become very hurtful.

I have already said that the weakest possible dose of a positive medicine suffices to obtain a full and entire effect. If it is a substance whose action lasts a long time, as that of digitalis, which is prolonged to the seventh day; if the dose be repeated three or four times a day, the absolute quantity of the medicine, which, before the expiration of the seventh day, is twenty or thirty times greater, cannot fail to be injurious, because a twentieth or thirtieth of this quantity would have sufficed to effect a cure.

After the first dose of the medicine, employed as a curative means, has exhausted its action, we examine if it be necessary to prescribe a second. If the malady has diminished in all respects, not only during the first half hour which has followed its administration, but later, throughout the whole duration of the action of the first dose, and the diminution has become the more sensible as this duration approached its term, or even if, as happens sometimes in very chronic maladies, sometimes in those, the return of whose paroxysms does not take place during this lapse of time, no sensible amelioration manifests itself, but still no other new symptom of consequence is displayed, then it is almost always certain, in the first case, and probable in the second, that the medicine was appropriate and of positive sanative virtue. And we ought to prescribe a second, sometimes even a third dose, if circumstances require it, and if the first dose has not produced a complete cure, as it often does in acute diseases.

When the medicine of which we have made choice to obtain

a positive cure, excites hardly any symptom which has not been before observed, we conclude from that, that it is the suitable remedy, and will with certainty cure the primitive malady, even though the patient and attendants perceive no appearance of amelioration; and, conversely, when the curative remedy ameliorates the primary malady in all its extent, it cannot produce any troublesome symptom.

All aggravation of a disease which supervenes on the use of a medicine, all addition of symptoms which have not, until then, pertained to this malady, belong solely to the action of this medicine, when they are not manifested a few hours before inevitable death, or when they are not a consequence of errors in diet, a violent excitement of some passion, an irresistible disturbance of nature, by the approach of puberty in man, or by the appearance or cessation of the menstrual discharge, or the occurrence of conception or of delivery in woman. There are symptoms of medicinal disease which injure and annoy the patient, either because the medicine has not been well chosen to cure positively, or because it has been employed too long, or in too great quantity, as a palliative.

An aggravation of the malady by new symptoms of great intensity, during the action of the two first doses of a curative remedy, never announces that the dose has been too feeble, and that it ought to be augmented, but proves that the medicine was not appropriate to the morbid state against which it has been employed.

This addition of violent symptoms, foreign to the disease, resembles in nothing the aggravation I have spoken of above, which the primitive morbid symptoms experience during the first hours following the administration of a positive or curative remedy.

This phenomenon, due to the predominance of the medicinal symptoms, only shews that the remedy, otherwise well chosen, has been employed in too large a dose; and if the dose has not been enormous, it disappears at the end of two, three, or at most four hours, giving place to a lasting re-establishment of the health, which is restored almost always before the expiration of the term fixed for the action of the first dose, so that a second is generally unnecessary in acute diseases.

Nevertheless, there is no positive remedy, however well chosen, which may not excite slight new symptoms during its use, in very irritable or very sensitive patients, because it is almost impossible that there can be the same resemblance between the symptoms of a medicine and those of a disease, as between two triangles whose angles and sides are equal. But the innate energy of the vitality more than suffices to overcome this slight aberration, which is not even perceived, unless the patient be of excessive delicacy.

If a sick person, endowed with ordinary sensibility, feels, during the action of the first dose, some small symptom which he had not noticed until then, and at the same time the primary malady seems to decrease, it is not possible, at least in a chronic disease, to know exactly by this first dose, whether the remedy which has been chosen has really a curative action. It will be necessary, after this dose has exhausted its action, to give a second of the same, whose result can alone decide the question. This time, if the medicine be not perfectly appropriate, we shall perceive another symptom arise, not the same as the first time, but almost always another, sometimes several, of a greater intensity, without the cure of the disease, considered as a whole, having made any appreciable progress. If, on the contrary, the medicine agrees, this second dose effaces almost the whole trace of the new symptoms, and the cure proceeds at a rapid pace, without any fresh obstacles arising.

However, if the second dose provokes the manifestation of some new and unimportant symptom, and no more appropriate medicine can be found, from the unskilfulness of the physician, or the insufficiency of the means whose effects have hitherto been studied, the new symptom may still, in chronic maladies, and in acute affections, which do not run their course very rapidly, be got rid of, and a cure obtained, though more slowly, by diminishing the doses. In such a case, the energy of the vitality comes to aid.

It is no proof of the bad selection of a medicine, when its primary effects extend themselves in a positive manner only to the principal symptoms of a malady, acting but as a palliative on others of a less degree of intensity. In such a case,

the true curative power of the medicine always triumphs, and the constitution enters upon its full possession of health, but without concomitant suffering during the cure, or secondary disease after it. Experience has not yet decided whether it be proper to increase the dose of the medicine, when it is necessary to repeat it.

In a chronic malady, when, in continuing the use of a curative medicine without increasing the dose, there arise new symptoms which do not belong to the primary malady, as the first two or three doses acted without such inconvenience, we are constrained to seek the cause of this disturbance, not in the bad choice of the remedy, but in the regimen, or some other powerful external cause.

If, on the contrary, the positive remedy have been chosen in perfect affinity with the carefully studied morbid case; if a sufficiently attenuated dose have been prescribed; if it have been repeated, if necessary, after the first dose has exhausted its action, acute or chronic maladies, however grave or inveterate they may be, are cured in a manner so rapid, so complete, and so insensible, that the sick person seems to pass almost suddenly to a state of health, as by a sort of new creation; but for this it is necessary that the treatment be not counteracted by any untoward irrepressible natural evolution by violent passions, by violations of dietetic rules, or by a radical disturbance of the essential organs.

The influence of regimen and the habits of life on the cure must not be forgotten, but it is only in chronic maladies that the physician need take the direction of them; for in acute affections, with the exception only of a state of complete delirium, an infallible instinct speaks in terms so clear and precise, that it suffices to direct the sick person and the attendants, not to counteract the views of nature by contradictions or misplaced entreaties.

THE HOSPITAL OF THE SISTERS OF CHARITY IN VIENNA.*

By Dr Fleischmann, Physician in Ordinary.

The Order of the Sisters of Charity was instituted in Paris in 1632 by St Vincent de Paul, and since then it has spread over almost all European countries. The members perform the sublime duty of taking care of sick persons in hospitals and at their own houses. That most zealous and unwearied man, Count von Coudenhove, provost of the cathedral, and still Superior of the institution, succeeded in obtaining subscriptions from the court and nobility sufficient to found a society of this order in Vienna. In furtherance of this object, his Royal Highness Archduke Maximilian d'Este purchased, for the sum of 23,000 florins,† in the suburb of Gumpendorf, a house of one story, having a garden and farm-yard attached, and afterwards, for a similar sum, he caused a two-storied building to be erected. In the year 1832, some of the sisters were brought from Zams in the Tyrol, where the order has long existed, for the purpose of instructing others, and the number of them now amounts to nearly eighty individuals. When any one desirous of dedicating herself to this occupation is received, she remains for some months a candidate, and then enters her first year's noviciate; at the end of the year, she puts on the complete dress of the order, and remains a novice for another year, after which she professes, and takes the usual convent vows. These, however, are not binding, for she may at any time retire, and even leave the order altogether, if she can give good reasons for so doing. The superior has the chief direction; the affairs of the house are managed by an overseer, who is appointed by the votes of the sisters. This situation is occupied at present by Mme. R. Strasser. The sisters take care of the sick in the hospital (where all, without distinction of sex, trade, or religion, are received and attended to, without remuneration, if there be room enough); they also

* Notizen über das Spital der barmherzigen Schwestern in Wien. Brieflich mitgetheilt am 28 März 1838. Von Dr Fleischmann, Ordinirendem Arzte des Spitals. Hygea, vol. viii. p. 289.

† L.2300.

attend sick persons of all ranks in their own houses; the poor without any remuneration. The rich may, if they choose, make a present to the *order;* the sisters are not allowed to receive any thing. Besides the care of the sick in and out of the house, they have to wash all the clothes, to perform all the usual household duties, to clean the house and every thing connected with it, to cook, bake bread, cultivate the garden, and look after the farm-yard. The whole establishment is supported by voluntary contributions.

The house itself is in a healthy well-situated suburb—Gumpendorf—with the front facing the east. On the ground-floor are, to the left, the porter's closet, the dining-room, a large kitchen, and a small chamber for various uses; to the right, the apartments of the priest (the worthy and active Father Maximilian Hurez); a glass-covered lobby, in which about fifty poor people daily dine; a consultation-room with a small room off it (I hold two consultations weekly for poor patients affected with chronic diseases, who also receive their medicines gratis, in which at least thirty, generally, however, from fifty to sixty, grown up persons and children receive advice); a pharmaceutical laboratory, an allopathic drug-room, which is never used, and a bathing-room. On the first floor, towards the street, are two roomy, high, airy sick wards, one for the men the other for the women, the walls of which are painted green, decorated with pictures and a large clock. The windows are provided with ventilators, and there are also barometers and thermometers. The wards are warmed on the Meissner principle, and each contains fourteen large, and one small bed.

The bedsteads are of green painted wood, standing on a ground chequered in oil colours; each is provided with a straw and a hair mattrass (the latter is taken to pieces and washed after every cutaneous disease and nervous fever, and after the death of a patient), two pillows, one with a linen pillowslip, a light woollen covering, a white linen sheet, and an additional sheet, in case of necessity. The bed-linen and clothes are changed every week, and oftener when necessary. Each patient has beside his bed a glass and spittoon, and a box containing a close stool and pot-de-chambre. Opposite the men's ward is a complete homœopathic laboratory, in

which is a trustworthy female apothecary; besides this, there are the reception-room, the abode of the overseer, the office for transacting business, and the linen closet. The glass-covered passage beneath leads to a pretty large court (one-half of which is occupied by a flower garden), in which stands the second building, connected with the first by passages; on the ground floor of this is a handsome chapel, the dining apartment of the sisters; in the first and second floor, their bedrooms, in which they all sleep together, the noviciate and candidate apartments. Adjoining this building is a garden 40 yards broad and 180 long, the first part of which is planted with acacias and is used for convalescents, the remainder is occupied by fruit-trees and kitchen vegetables. Then comes the farm-yard, where are the cow-house, the pig-stye, the goat-pen, the hen-roost, the place for the fuel, the washing-house, the dwelling-places of the domestics, the dead-house, and dissecting-room. There are three pumps and six necessaries in the house.

The attendance on the sick may justly be entitled excellent; there are in each ward at least two sisters, day and night; when required, three or four, who exercise their duty attentively and kindly. The diet is very good, the portions are not exactly measured, but adapted to the disease and requirements of the patient. An exact protocol must be kept of the state of the patients, and every month a statement of the number of patients received, and the nature of their diseases, must be given in to the government; and again, at the end of the year, a *resumé* of the whole. The medical attendants make two visits daily.

The hospital was opened in July 1832, at the time of the cholera, under Dr Maierhoffer. Dr Schäffer had at that time the superintendence, which he afterwards resigned in favour of Dr Glücker. To the 1st of November, 193 cholera patients were treated, of whom 105 recovered, 88 died.

We shall now give the general tables of all the diseases treated under each physician, exactly as they were reported, sent for the inspection of government, and published.

"Qui veut douter, doute toujours, mais la foi vaut le prix d'un effort tenté pour l'obtenir."—*Maladies du Siècle.*

TABULAR VIEW *of the* DISEASES, *treated from* 1*st November* 1832, *to* 1*st November* 1833, *in the Hospital of the Sisters of Charity. Physician, Dr Maierhoffer.*

DISEASES.	Received.	Recovered.	Uncured.	Died.	Remaining.
Marasmus (Abzehrung),	2	...	...	2	
Tabes,	1	...	...	1	
Ichthyosis,	1	...	1		
Herpes,	1	1			
..... zoster,	1	1			
Asthma,	2	2			
Catarrh,	4	4			
Variola,	1	1			
Chlorosis,	4	4			
Hæmatemesis,	3	2	...	...	1
Hæmoptysis,	3	3			
Croup,	2	2			
Diarrhœa,	4	4			
Ophthalmia,	3	2	...	...	1
Peritonitis,	1	...	...	1	
Pleuritis,	9	7	...	1	1
Hysteritis,	1	1			
Enteritis,	3	2	...	...	1
Cynanche,	6	6			
Cystitis,	1	...	1		
Hepatitis,	4	3	...	...	1
Pneumonia,	16	14	...	2	
Bronchocele,	1	1			
Gastro-enteritis,	1	1			
Decline of old people,	2	...	...	2	
Fever, catarrhal,	5	5			
..... inflammatory,	4	4			
..... bilious,	1	1			
..... gastric,	11	11			
..... puerperal,	1	1			
..... typhus,	12	5	1	5	1
..... nervous,	3	2	...	...	1
..... rheumatic,	29	27	...	...	2
..... hectic,	2	...	...	2	
..... intermittent,	12	12			
Urticaria,	1	1			
Jaundice,	3	2	...	...	1
Gout,	13	12	...	...	1
Rheumatic pains,	4	4			
Influenza,	9	9			
Hæmorrhoids,	1	...	...		1
Carry forward,	188	159	3	16	12

Diseases.	Received.	Recovered.	Uncured.	Died.	Remaining.
Brought forward,	188	159	3	16	12
Diabetes,	1	...	1		...
Chronic cough,	9	7	1	...	1
Headach, nervous,	4	3	...	...	1
Cramp in the stomach,	6	6			
Tetanus,	1	1			
Cramp in the bowels,	3	3			
Paralysis,	1	...	1		
Pulmonary apoplexy,	1	...	...	1	
Phthisis pulmonalis,	5	...	...	2	3
Dyspepsia,	1	1			
Measles,	10	10			
Melancholia,	1	1			
Phlegmon,	1	1			
Dysmenorrhœa,	1	1			
Rheumatism,	5	3	...	...	2
Erysipelas,	5	5			
Scarlatina,	3	3			
Scrofula,	4	2	1	...	1
Ptyalism,	1	1			
Brought in dying,	1	...	...	1	
Infarctus abdominalis,	1	1			
Abdominal induration,	1	1			
Dislocation,	1	1			
Poisoning with arsenic,	1	1			
General dropsy,	3	1	1	1	
Ascites,	3	1	...	1	1
Hydrocephalus,	1	...	...	1	
Œdema,	2	1	...	...	1
Insanity,	1	1			
Total,	266	213	8	23	22

These 266 patients were all together 7008 days in the Hospital. Therefore,

$$266 : 7008 :: 1 : 26\tfrac{46}{133}.$$

TABULAR VIEW *of the* DISEASES, *treated from* 1*st November* 1833, *to* 1*st November* 1834, *in the Hospital of the Sisters of Charity. Physician, Dr Schmid.*

DISEASES.	In Hospital.	Received.	Recovered.	Uncured.	Died.	Remaining.
Tabes,	1	2	...	1	1	
Weak sight,	...	1	1			
Eruption on the face,	...	1	1			
Herpes,	...	1	1			
Skin disease, (?)	...	2	2			
Tinea capitis,	...	1	1			
Urticaria,	...	1	1			
Pustular eruption,	...	4	2	...	...	2
Scarlatina,	...	3	1	...	...	2
Smallpox,	...	7	5	...	2	
Chlorosis,	...	9	9			
Colica pictonum,	...	1	1			
Hæmatemesis,	1	1	2			
Hæmoptysis,	...	1	1			
Various chest affections,	...	14	13	...	...	1
Catarrh,	...	5	4	...	...	1
Contusions,	...	1	1			
Diarrhœa,	...	2	2			
Ophthalmia,	1	2	2	...	...	1
Pleuritis,	1	15	14	2		
Enteritis,	1	...	...	1		
Inflammation of ovarium,	...	1	1			
Cynanche,	...	14	13	...	...	1
Inflammationof cervicalglands,	...	1	1			
..... knee-joint,	...	1	...	...	...	1
..... inguinal glands,	...	2	2			
..... lumbar muscles,	...	1	1			
Hepatitis,	1	2	3			
Bronchitis,	...	5	4	...	1	
Pneumonia,	...	9	8	...	1	
Splenitis,	...	1	1			
Otitis,	...	1	1			
Gastro-enteritis,	...	2	2			
Inflammatory affection of back,	...	1	1			
Epilepsy,	...	1				
Fever, catarrhal,	...	2	1			
..... inflammatory,	...	5	2	...	1	
..... putrid,	...	2	...	...	...	2
..... bilious,	...	4	4			
..... gastric,	...	4	2	...	...	2
Carry forward,	6	133	115	4	6	13

Diseases.	In Hospital.	Received.	Recovered.	Uncured.	Died.	Remaining.
Brought forward, .	6	133	115	4	6	13
Fever, typhus abdominalis,*	1	19	11	...	6	3
..... nervous, . . .	1	4	5			
..... rheumatic, . .	2	9	10	...	...	1
..... hectic, . . .	...	3	3			
..... intermittent, . .	...	9	9			
Menorrhagia, . . .	...	3	3			
Concussio cerebri, . .	...	1	1			
Jaundice, ...	1	4	4	...	...	1
Neuralgia faciei, . .	...	2	2			
Swollen abdomen, . .	...	1	...	1		
Swelling of cervical glands,	...	2	1	1		
..... legs, . .	...	1	1			
Indolent ulcers, . .	...	3	3			
Gout, ...	1	14	12	1	...	2
Hæmorrhoids, . . .	1	1	2			
Hysteria, ...	...	7	6	1		
Hypochondria, . . .	...	1	1			
Nervous headach, . .	1	3	4			
Pains in bones, . . .	...	1	1			
Tetanus, ...	...	1	1			
Cramp in the bowels, .	...	2	2			
..... bladder, .	...	2	2			
Hemiplegia, . . .	...	3	2	...	...	1
Paralysis of lungs (?), .	...	2	...	...	2	
Phthisis,† . . .	4	23	3	12	12	
Cancrum oris, . . .	...	2	2			
Mercurial disease, . .	...	1	1			
Carry forward, .	18	257	207	20	26	21

* We see that also with the homœopathic we are unfortunately not more successful than with other methods in the treatment of typhus abdominalis; a third always dies. This result is met with in almost all hospitals. Chomel also states the same fact, as the result of accurate observations carried on for years in many different hospitals. We cannot, then, sufficiently wonder, making every allowance for the more favourable circumstance in which patients are placed in private practice, when we hear that, out of 100, or even more, scarcely one dies, or even of cures in typhus or putrid fever epidemics, where the patients recover in twenty-four or forty-eight hours with a dose of nux vomica. We hear these wonderful things even of the cholera. Would these gentlemen be pleased to communicate to us also the *magical power* of the remedies? (for we know already the remedies they administer). But—curantur in libris, moriuntur in lectis!

† A tolerably convincing proof that phthisis is still the *crux medicorum*. We may praise up and administer any medicine we like, hepar or mercury, stannum or phosphorus, A or Z; as yet all cases die, and we are yet very far from the hope of curing a fully developed case of phthisis. Would we could only always succeed in retarding its course for any considerable period. How they contrived at Munich, *that of nineteen phthisical cases thirteen were cured*, I should like much to know!

Diseases.	In Hospital.	Received.	Recovered.	Uncured.	Died,	Remaining.
Brought forward, .	19	252	207	20	26	21
Rheumatism, . . .	2	8	9	1		
Erysipelas, . . .	...	15	11	...	...	4
Tabes dorsalis, . . .	...	1	...	...	1	
Struma, ...	1	3	3	1		
Brought in dying, . .	...	3	...	...	3	
Vertigo, ...	...	2	2			
Phthisis laryngea, . .	...	1	1			
Tubercles of lungs, . .	...	1	...	...	...	1
Suppuration of lower jaw, .	...	1	1			
Infarctus abdominalis, .	...	1	1			
Varicella, ...	...	3	3			
Chorea, ...	...	3	3			
Burns, ...	...	1	1			
Dyspepsia, . . .	...	3	3			
General dropsy, . .	...	1	...	...	1	
Ascites, ...	1	4	3	1	...	1
Hydrothorax, . . .	...	3	1	...	2	
Hydrocephalus, . . .	...	2	2			
Anasarca, ...	1	2	3			
Leucorrhœa, . . .	...	1	1			
Total, . .	22	316	255	23	33	27

8378 days in Hospital; thus, $\overset{P}{316} : \overset{D}{8378} :: \overset{P}{1} : \overset{D}{26\frac{21}{158}}$

Tabular View *of the* Diseases *treated from* 1*st November* 1834 *to* 1*st November* 1835, *in the Hospital of the Sisters of Charity. Physician, Dr Fleischmann.*

Diseases.	In Hospital.	Received.	Recovered.	Uncured.	Died.	Remaining.
Pannus, ...	...	1	...	1		
Herpetic eruption, . .	...	4	4			
Purpura, ...	...	2	1	...	1	
Pustular eruption, . .	2	...	2			
Scarlatina, . . .	2	2	3	...	...	1
Variola, ...	...	11	11			
Varicella, ...	...	2	2			
Dysentery, . . .	...	4	4			
Carry forward, .	4	26	27	1	1	1

Diseases.	In Hospital.	Received.	Recovered.	Uncured.	Died.	Remaining.
Brought forward, .	4	26	27	1	1	1
Hæmoptysis, ...	...	4	3	...	1	
Cholera, ...	...	1	1			
Various chest affections, .	1	17	17	...	...	1
Diarrhœa, ...	...	10	9	...	...	1
Chronic ophthalmia, . .	1	2	2	1		
Enteritis, ...	...	1	...	...	1	
Peritonitis, ...	...	1	1			
Ovaritis, ...	...	1	1			
Hysteritis, ...	...	1	1			
Phrenitis, ...	...	1	...	...	1	
Articular inflammation, .	1	5	6			
Cynanche, ...	1	28	29			
Laryngitis, ...	...	1	...	...	1	
Hepatitis, ...	...	5	5			
Bronchitis, ...	...	2	2			
Pneumonia, ...	...	11	10	...	1	
Splenitis, ...	...	2	2			
Inflam. of muscular tissue, .	...	1	1			
Otitis, ...	...	2	2			
Pleuritis, ...	...	26	25	...	...	1
Bilious vomiting, . .	...	5	5			
Gastric vomiting, . .	...	3	3			
Fever, inflammatory, . .	...	5	5			
..... putrid, ...	2	1	2	...	1	
..... bilious, ...	...	6	6			
..... gastric, ...	2	30	28	...	2	2
..... cerebral, . . .	...	3	2	...	...	1
..... milk, ...	...	1	1			
..... typhus, ...	3	28	21	...	8	2
..... nervous, ...	...	7	7			
..... rheumatic, . . .	1	15	16			
..... intermittent, . . .	...	7	7			
Furunculus, ...	...	1	...	...	...	1
Jaundice, ...	1	5	6			
Gout, acute, ...	2	21	22	...	...	1
..... chronic, ...	...	6	4	...	...	2
Ulcers, external, . . .	...	4	3	1		
..... of thorax, . . .	...	2	2			
..... of foot, ...	...	4	3	...	1	
..... of throat, . . .	...	1	...	...	...	1
Swelling, inflammatory, .	...	1	1			
..... of foot, . . .	...	2	1	...	...	1
..... of face, . . .	...	6	5	...	...	1
..... of lips, . . .	...	1	1			
Hæmorrhoids, . . .	...	4	4			
Functional affection of heart,	...	1	1			
Organic disease of heart, .	...	1	...	...	1	
Chronic cough, . . .	...	13	12	1		
Catarrh, ...	1	6	7			
Colica pictonum, . . .	...	2	2			
Carry forward, .	20	340	321	4	19	16

Diseases.	In Hospital.	Received.	Recovered.	Uncured.	Died.	Remaining.
Brought forward,	20	340	321	4	19	16
Gastric colic,	...	4	4			
Menstrual do.	...	10	10			
Rheumatic headach,	...	3	3			
Cramps,	...	1	1			
..... of uterus,	...	1	1			
Spasmodic cough,	...	1	1			
Bronchocele,	...	1	...	1		
Hemiplegia,	1	1	2			
Disease of liver,	...	1	1			
Phthisis laryngea,	...	1	...	...	...	1
..... pulmonalis,	...	6	...	1	5	
Dyspepsia,	...	12	9	...	...	3
Cramp of stomach,	...	1	1			
Acute mania,	...	1	1			
Morbilli,	...	3	3			
Amenorrhœa,	...	2	2			
Menorrhagia,	...	3	3			
Mastitis,	...	1	1			
Spleen disease,	...	1	1			
Acute rheumatism,	...	24	22	...	...	2
Erysipelas of foot,	...	3	2	...	...	1
..... of face,	4	21	24	...	...	1
Wound of back,	..	1	1			
Dysentery,*	...	1	1			
Brought in dying,	...	2	...	...	2	
Nervous apoplexy,	...	1	...	...	1	
Aphthae of mouth,	...	1	1			
Pulmonary tubercles,	1	2	3			
Infarctus abdominalis,	...	2	1	...	1	
Varicella,	...	3	3			
Varioloid disease,	...	8	8			
Burn of foot,	...	1	1			
Induration of stomach,	...	2	...	1	1	
Sprain of foot,	...	1	1			
General dropsy,	...	1	1			
Ascites,	...	1	...	1		
Hydrothorax,	...	1	...	...	1	
Hydrocephalus,	...	1	1			
Œdema,	...	1	1			
Œdema of lungs,	...	1	...	...	1	
Wound of foot,	...	1	1			
Total,	26	474	437	8	31	24

9283 Days in Hospital; thus, P. 474 : D. 9283 :: P. 1 : $19\frac{188}{237}$.

* *For* Dysentery, at p. 32, 2d line from bottom, *read* Hæmorrhage.

TABULAR VIEW *of the* DISEASES *treated from* 1*st November* 1835 *to* 1*st July* 1836, *in the Hospital of the Sisters of Charity. Physician, Dr Fleischmann.*

DISEASES.	In Hospital.	Received.	Recovered.	Uncured.	Died.	Remaining.
Aneurism of heart,	...	1	...	...	1	
Herpes,	...	1	1			
Petechial fever,	...	1	...	...	1	
Purpura,	...	3	2	...	1	
Psora,	...	1	...	1		
Scarlatina,	1	...	1			
Varicella,	...	1	1			
Chlorosis,	...	2	2			
Fatuity,	...	1	...	1		
Hæmoptysis,	...	2	2			
Chest affections,	1	2	3			
Convulsions,	...	4	4			
Diarrhœa,	1	7	8			
Bilious vomiting,	...	1	1			
Chronic, do.	...	1	1			
Ophthalmia,	...	1	1			
Peritonitis,	...	7	7			
Inflammation of breast,	...	1	1			
Enteritis,	...	1	1			
Meningitis,	...	2	1	1		
Rheumatic arthritis,	...	1	1			
Cynanche,	...	12	12			
Pneumonia,	...	16	14	...	2	
Otitis,	...	1	1			
Parotitis,	...	3	3			
Pleuritis,	1	25	26			
Inflammation of cellular tissue of right hand,	...	1	1			
Epilepsy,	...	1	...	1		
Bilious fever,	...	3	3			
Gastric do.	2	37	38	...	1	
Gastric nervous do.	...	10	8	1	1	
Catarrhal do.	...	2	2			
Cerebral do.	1	...	1			
Typhus do.	2	26	18	2	8	
Nervous do.	...	4	3	...	1	
Rheumatic do.	...	22	22			
Intermittent do.	...	3	3			
Furunculus,	1	..	...	1		
Gangrene of both feet,	...	1	...	1		
Jaundice,	..	2	2			
Ulcers on breast,	...	1	1			
..... on feet,	...	6	5	1		
..... in throat,	1	1	2			
Carry forward,	11	218	203	10	16	

Diseases.	In Hospital.	Received.	Recovered.	Uncured.	Died.	Remaining.
Brought forward, .	11	218	203	10	16	
Swelled face, . . .	1	...	1			
..... knee, . . .	1	...	...	1		
Chronic gout, . . .	3	4	6	1		
Podagra, ...	...	1	1			
Gout in head, . . .	...	1	1			
Hæmorrhoids, . . .	...	2	2			
Hoarseness, . . .	...	1	1			
Acute cough, . . .	...	4	4			
Chronic cough, . . .	...	7	5	...	2	
Gastric colic, . . .	...	5	5			
Menstrual colic, . .	...	2	2			
Gouty headache, . .	...	3	3			
Rheumatic palsy, . .	...	1	1			
Bleeding from trachea, .	...	1	1			
Phthisis, ...	1	2	...	3		
Tubercles of lungs, . .	...	2	1	1		
Stomach affections, . .	3	12	15			
Cramp of stomach, . .	...	2	2			
Scirrhus of stomach, . .	...	1	...	1		
Amenorrhoea . . .	...	4	4			
Menorrhagia, . . .	...	2	2			
Aphthae in mouth, . .	...	1	1			
Cancer of uterus, . .	...	2	...	2		
Epistaxis, . . .	...	1	1			
Acute Rheumatism, . .	2	12	14			
Erysipelas of the foot, .	1	1	2	...		
of the face, .	1	6	6	...	1	
Delirium tremens, . .	...	2	...		2	
Apoplexy, . . .	...	1	...	1		
Vertigo, ...	...	1	1			
Struma, ...	...	1	...	1		
Received dying, . .	...	6	...	...	6	
Burns of both feet, . .	...	1	1			
Hydrothorax, . . .	...	1	...	..	1	
Hydrocephalus, . .	...	1	...	...	1	
Œdema of the lungs, .	...	4	...	...	4	
Total . . .	24	316	286	21	33	

7268 days in Hospital, thus: P. 316 : D. 7268 :: P. 1 D. 23

* All the tables here given were arranged in the alphabetical order of the names of the diseases in the original German, and have not been re-arranged since translation.

TABULAR VIEW *of the* CHOLERA PATIENTS *treated in the Hospital of the Sisters of Charity, from* 1*st July to* 4*th October* 1836.

POLICE DISTRICTS.	Received.		Recovered.		Died.	
	Men.	Women.	Men.	Women.	Men.	Women.
Wieden, ...	169	254	109	172	60	82
Mariahilf, ...	98	125	57	92	41	33
St Ulrich, . . .	14	20	10	17	4	3
Alservordstadt, . . .	1	1	1	1	...	...
Leopoldstadt, . . .	...	1	...	1	...	...
Landstrasse, . . .	...	1	...	...	...	1
Town, ...	...	1	...	1	...	...
Beyond the barriers, . .	13	34	9	18	4	16
Total, . .	295	437	186	302	109	135
	732		488		244	

Age.	Received.		Recovered.		Period in hours within which Males died after admittance.						Total.	Period in hours within which Females died after admittance.						Total.
	Males.	Female.	Males.	Female.	3.	6.	9.	12.	15.	24—x.		3.	6.	9.	12.	15.	24—x.	
1— 5	...	9	...	6	...	...	...	...	...	...	...	...	1	...	...	...	2	3
5—10	12	11	9	10	1	1	...	...	...	1	3	1	...	...	...	...	...	1
10—20	67	76	54	65	1	2	1	1	...	8	13	...	1	...	5	...	5	11
20—30	68	122	46	94	3	6	...	4	1	8	22	...	4	1	4	2	17	28
30—40	43	68	27	52	3	2	1	2	1	7	16	1	4	...	1	...	10	16
40—50	42	61	24	38	1	1	2	3	3	8	18	8	1	...	1	...	13	23
50—60	37	44	17	22	1	2	3	...	...	14	20	1	...	...	3	...	18	22
60—70	17	27	4	9	5	2	...	1	1	4	13	2	3	1	1	...	11	18
70—80	9	15	5	5	2	...	...	1	...	1	4	2	...	2	...	...	6	10
80—90	...	4	...	1	...	...	...	...	...	...	...	2	...	...	...	...	1	3
Total...	295	437	186	302	17	16	7	12	6	51	109	17	14	4	15	2	83	135
	732		488		244													

I promised, it is true, to communicate something on the subject of cholera, but as of late—when I have been very much engaged—such a great deal has been written about it, and, as regards the mode of treatment, we are almost all at one, so that you will not expect that I should enter very fully on the subject, especially as I am no friend to long hypotheses on the virulent nature of cholera, and the apparent or imaginary nature of this or of that remedy, which perhaps has not yet been proved, nor do I relish prolix expositions of how one essential property (or rather no-property) may be opposed to another, and I do not care to chew over again what so many have chewed but never yet been able to digest. And so much the less reason have you to expect this from me, since Dr Rau, in the report on Munich (*Hygeia*, vii. 5), has (although without mentioning my name, which rather astonishes me) given the most essential parts of my treatment as I communicated it to him, at his especial request, through the Bavarian Councillor of Legation. I will, however, tell you how it came to pass that Homœopathy was permitted in this quarter (on which so much that is false has been stated), and you will see, at least, what remedies were employed.

For many years, the ordonnances against Homœopathy, with all their oppressive accompaniments, weighed heavily upon us, and although, in the course of such a length of time, now and then something was effected in our favour, yet, as this was never done by medical men, little impression was produced and no results. The cholera, which tended somewhat to lessen the reputation of the medical world, was the means of granting medical liberty. After some time, I received from Government a charge to tender a report upon the cholera, and the best mode of treatment (in this epidemic, I for the first time used purely and solely homœopathic remedies, although the proto-medicus came in the commencement daily), and to relate my experience on the subject. I made a report (the essential points of which I shall briefly state), at the same time I requested an audience, which was granted me by his Excellency Count von Kolowrat, when I presented him with a copy of the report, at the same time requesting him to take Homœopathy under his protection. His Excellency, a man of

the most philanthropic disposition, whose constant endeavour it is to advance and countenance all that is good and valuable, acceded to my request, and, a fortnight afterwards, it pleased his majesty to issue an edict revoking the former prohibition of Homœopathy, demanding at the same time, proposals from the homœopathic practitioners for putting a check on charlatans (had a check long since been put on charlatans—by whom I don't mean those alone who have no diploma in their pocket—of whom Dante says,—

"Questa è la vipera, volta nel ventre della madre,"

a great opprobrium would have been eradicated from our profession), and so regulating the dispensing business as not to interfere with existing laws. The proposals were made, and the result we are now looking forward to.

The Report.—The first table shews the number of those affected, cured, and who died in each police district; in the second is seen what sex and age (at least, among 732 individuals) were most subject to its ravages, and, at the same time, where and at what time the mortality was greatest.

As regards the treatment of these 732 patients, I differed from the general practice, with the exception of a few cases which I shall afterwards allude to,* and, as the result shews, I had no reason to repent so doing. I did so not from any blind zeal for a system, concerning whose truth or falsity a bitter contest is going on, I was influenced by no private interest, for I had previously refused to accept the salary awarded me by the government for my services; but when I called to mind the divers modes of treatment adopted by innumerable physicians in all countries, as far as I could ascertain these from their writings, I could not but look at my position with anxiety; I could see no inducement to tread in the ordinary well-beaten path; my duty, my conscience, urged me to try some other methods. Strifes about a theory—which could not be of such importance in this case—I wished

* I treated four patients with calom. and jalap; two with acid. nitr. fum.; four with sp. sal. ammon. caust.; six with muriate of soda, but all these died: of forty convalescents, where the practice of both schools indicated the same remedy, I gave it in allopathic doses, yet without obtaining any result.

to leave to the arena of the schools, and employ only the practically useful, to the efficacy of which many had borne witness, and which had been tested also by myself in other diseased conditions, that so I might learn what inducements the new way held out, the old one being so unpromising. I shall now merely mention the remedies and the morbid states in which I administered them.

I never had an opportunity of treating patients in the hospital itself, affected with the premonitory symptoms, for most of them came with the disease more or less developed. Among some of the sisters,* however, I succeeded in checking these premonitory symptoms by means of *Tr. ipecac.*, *Cham.* and *Chin.* Even of the so-called cholerine, but few instances presented themselves, and in this the *acid. phosph.* was generally serviceable. In the fully-developed disease (I need not enumerate the symptoms), the *Tinct. verat.* was one of the best and most frequently employed remedies. If, at the very commencement of the disease, the worst symptoms appeared, such as acute burning pain in the epigastrium, or in the bowels, painful oppression of the chest, burning thirst, extreme degree of weakness, constant tossing about in bed, with great internal anxiety, and almost complete loss of the power of articulation, then *Tinct. arsen.* often alternately with the above remedy was useful. When the same symptoms, with still greater intensity, however, prevailed, but without the above described burning, the unquenchable thirst, and the great anxiety, then came *phosphorus* to our aid; and not a few who lay, I may say, in the arms of death, were by it summoned back to life. Were cramps present, the *Tinct. secale cornut.** proved invaluable. At the same time I allowed the

* It is curious that of all the sisters who performed all the duties of nurses in the sick wards (we had besides the usual apartments, two other ones, in all 64 beds for cholera patients alone), not one fell ill; but as soon as the cholera made its appearance in the suburb of Gumpendorf—about the middle of August—ten took ill at once (not enumerate in the report), of whom one died; still none of those who were employed about the patients, but those who had never been near any patient, who were employed in household matters, or in the garden.

† At first I used *cupr.*, yet without the slightest benefit in this epidemic, but I cannot speak too highly of the good effects of secale, and those gentlemen who tried it at my suggestion testify likewise to its virtues. The *tinct. tabac.*, which

patients to drink cold water, keeping them, however, very warm in bed; and in some cases of excessive diarrhœa, I administered enemata of cold water. Sinapisms were now and then employed, less with the hope of doing any good to such a violent disease, than with the intention of quieting the patient.

By these means many patients were quickly restored to convalescence and health from the most severe attacks; the greatest proportion of them, however, suffered from an intermediate disease; violent reaction succeeded, producing congestions of various parts. The greatest care was necessary in such cases on the part of the physician, in order to understand perfectly the condition, and to discover the proper remedy.

In cases of congestion of the head, with a tendency to sopor and delirium, I employed *bellad.*, *arnica*, *hydrarg.*, with good results, applying at the same time cold to the head; if the chest was the seat of the disease, *phosph.*, *squilla*, *senega*, were serviceable; if the liver was effected, the proper remedies were generally *byron. hydrarg.*, *calcar.*, *sulph.* One of the most favourable symptoms was a measle-like eruption, generally in the covered parts of the body, and whenever the slightest trace of this appeared, one could reckon with certainty on the recovery of the patient (patients who had lain for six or eight days insensible, grew better, as if by magic, on the first appearance of this exanthema, being restored to perfect consciousness, and generally cheerfulness.) Among more than 100 patients in whom this took place, only one died.

On looking back on the results of this treatment (and the value of any mode of treatment is to be judged of from its results on a large scale, since we have no other method of forming a judgment), on considering that more than one half of my patients were from a district (Wieden), where the epidemic in 1831 and 1832 had been most severe, and had had most victims, where this year it had raged for the longest period, that this circumstance was not a little disadvantageous

I alone in Vienna employed, produced excellent effects when all other remedies seemed to fail; *acid. hydroc.* was not of the slightest use either in my hands or those of the allopaths.

to the success of the trial, as many were received who had already been dosed with violently acting medicines and spirituous domestic remedies, and thus were rendered comparatively insusceptible to the influence of my small doses. I cannot refrain from stating as my inward conviction, ***that the homœopathic is the best mode of treatment of the cholera, until at least reflection, experience, or accident, suggest a better method.***

The essential nature of cholera is as yet unknown to us, spite of the manifold conjectures on the subject; the epidemic of this year was exactly the same as in the preceding years. With regard to its contagiousness, I shall offer no opinion, as the evidence and opinions are equally divided for and against it. Yet of this I am thoroughly convinced, that at the bedside of the patient it is not contagious, and that the contagion, if any exist, does not certainly produce the disease in its most virulent form, but only that species denominated Cholerine, of which many proofs might be easily brought forward.

VIENNA, *January* 1836.

TABULAR VIEW *of the* DISEASES *treated in the Hospital of the Sisters of Charity, from November* 1836 *to March* 1838 (16 *months*). *Physician, Dr Fleischmann.*

DISEASES.	Received.	Recovered.	Uncured.	Died.	Remaining.
Variola,	6	4	...	2	
Herpes,	2	2			
Purpura,	1	...	...	1	
Zona,	1	1			
Measles,	6	6			
Urticaria,	1	1			
Scarlatina,	2	1	...	1	
Varioloid disease,	8	8			
Chlorosis,	15	15			
Fatuity,	1	...	1		
Petechial disease,	1	1			
Hæmorrhage,	5	5			
Hæmoptysis,	8	8			
Cholera,	5	4	...	1	
Chest affections,	19	17	...	...	2
Convulsions,	8	8			
Diarrhœa,	14	14			
Carry forward,	103	95	1	5	2

Diseases.	Received.	Recovered.	Uncured.	Died.	Remaining.
Brought forward, .	103	95	1	5	2
Vomiting, . . .	5	5			
Ophthalmia, . . .	7	7			
Peritonitis, . . .	18	17	...	1	
Cyctitis, ...	3	3			
Ovaritis, . .	2	2			
Enteritis, . . .	2	...	...	2	
Meningitis, . . .	2	2			
Arthritis, . . .	11	10	...	1	
Cynanche, . . .	33	32	...	...	1
Hepatitis, . . .	1	1			
Pneumonia, . . .	35	31	...	3	1
Pleuritis, . . .	81	77	...	2	2
Fever, inflammatory, .	18	18			
..... gastric, . . .	69	68	...	...	1
..... catarrhal, . .	4	3	...	1	
..... typhus, . . .	49	38	...	9	2
..... nervous, . .	18	16	...	...	2
..... rheumatic, . .	62	59	...	...	3
..... slow, . . .	1	1			
..... intermittent, .	7	7			
Gastricismus, . . .	5	5			
Jaundice, ...	7	7			
Ulcers of chest, . .	4	4			
..... foot, . . .	5	4	...	...	1
..... throat, . .	6	5	...	1	
..... lungs, . .	3	1	...	1	1
..... scrofulous, .	5	5			
Bedsore, ...	1	1			
Swelling of cheeks, . .	2	2			
..... foot, . .	1	1			
..... cervical glands,	2	2			
White swelling, . .	1	1			
Gout, ...	12	8	...	3	1
Arthritic gout, . .	1	1			
Gout in the head, . .	7	7			
Hæmorrhoids, . .	6	6			
Organic heart disease, .	3	...	...	3	
Funct. affections of heart,	1	1			
Spasmodic cough, . .	5	5			
Chronic cough, . .	17	16	...	...	1
Hysteria, ...	3	3			
Influenza, ...	32	31	...	1	
Colica pictonum, . .	3	3			
Inflammatory colic, . .	1	1			
Gastric colic, . . .	2	2			
Menstrual colic, . .	2	2			
Headach, nervous, . .	4	4			
..... chronic, . .	3	3			
..... rheumatic, .	1	1			
Cramp of bladder, . .	1	1			
..... chest, . .	1	1			
..... stomach, . .	6	5	...	...	1
Tetanus, ...	2	2			
Phthisis, ...	12	...	2	9	1
Scirrhus of stomach, .	1	...	1		
Acute mania, . . .	4	2	...	...	2
Fungus medullaris, .	1	...	...	1	
Amenorrhœa, . . .	2	2			
Menorrhagia, . . .	1	1			
Aphthae of mouth, . .	3	3			
Nervous debility, . .	1	1			
Carry forward, .	711	642	4	43	22

Diseases.	Received.	Recovered.	Uncured.	Died.	Remaining.
Brought forward, .	711	642	4	43	22
Rheumatism, . . .	7	6	...	...	1
Erysipelas of the foot, .	9	8	...	...	1
..... of the face, .	20	18	...	1	1
Bloody dysentery, . .	2	1	...	1	
Delirium tremens, . .	1	...	...	1	
Apoplexy, . . .	3	2	...	1	
Received dying, . .	3	...	...	3	
Wound of foot, . .	8	7	...	...	1
General dropsy, . .	4	4			
Ascites, ...	1	1			
Hydrothorax, . . .	1	...	...	1	
Œdema of the lungs, .	2	...	...	2	
Total,	772	689	4	53	26

11649 days in hospital; thus, 772 : 11647 = 1 : $15\frac{47}{772}$.

I used formerly to employ the ordinary remedies *aconite*, *bryon.* *canab.*, &c., in pneumonia, and that with considerable success, but each of those remedies is adapted only to particular cases, or rather to particular stages of the disease. Thus it happened, that besides the difficulty I experienced in discovering the medicine adapted to the particular case—which is no easy matter—I was frequently left in a state of disagreeable uncertainty as to the remedy which had affected the cure. Now, however, I have attained much greater certainty, since for the last year and a half I have administered no other substance than phosphorus in every case of pneumonia, under what form soever it might present itself, and I think I may with perfect confidence pronounce it to be a true specific. It must not, however, be supposed, that because it is such, it will never fail to cure a pneumonia. Many cases of syphilis fail to yield to mercury—quinine does not cure every case of intermittent—and itch is not always subdued by sulphur; and yet who denies the specificity of these substances? I have seen the most violent cases of pneumonia, in every variety of constitution and season, come to a happy issue, by the sole employment of this remedy, cases in which almost two-thirds of one lung were hepatized. There could have been no mistake about the disease, as all the symptoms were

carefully noted, and the stethoscope in almost all instances applied, some times by myself, and some times by other physicians well versed in its use; and since I have been in the hospital, the dissections have been most carefully performed. I administer the phosphorus, dissolved as Hahnemann recommends, in ether (indeed all my medicines are prepared as he advises, not that I am a blind follower of his, but because I imagine that remedies otherwise prepared would produce different symptoms on the healthy individual), only quantatively stronger—10 grs. or drops to 100 of sugar of milk or alcohol. The formula which I employ for this remedy (which I also use for other remedies in acute diseases) is the following:—

℞. Phosphor. 3—6 gtts. iv.—viij.
Aq. distil. ℥ ij.—iv.

A spoonful to be taken 3—6 times daily. I very rarely have occasion to use a lower dilution, or to administer it more frequently.

There is hardly, I should think, a practical physician, who in the treatment of acute diseases, and especially typhus fever, has not felt the insufficiency of our art, and thus it was with me. I have tried all the celebrated remedies in every variety of dose at different intervals of time, and all with the same success, or rather want of success. Some patients, to be sure, have recovered, at which, as a man, I have rejoiced; but as a physician I still remained unsatisfied; I could not attribute the slightest effect to any of the medicines employed. The reason why medical aid is of such little use in this disease, I conceive to be in the fact, that medical men are deceived by many symptoms which seem to be indicative of an affection of the nervous system, whereas, in fact, the disease is principally situated in the abdomen; for it constantly happens that this fever is always accompanied with inflammation of the small intestines in various points, and that ulcerations take place particularly in the ileum, which destroy the mucous membrane, and not unfrequently perforate the whole thickness of the intestine. The other symptoms may be all dependent on this morbid condition, for such an extensive lesion

of the mucous membrane of the bowels must needs affect the mucous membrane of the bronchial tubes, hence cough, expectoration, and dyspnœa; the change in the secretion of the mucous membrane must produce a change also in the secretion of the skin; suspension of the assimilating powers of the digestive apparatus; alteration of sanguification produces deficiency of blood, wasting; and if the derangement of the intellectual faculties should appear not to be easily accountable for, the sympathy between the brain and the intestinal canal must not be forgotten. Thus we have the symptoms of abdominal typhus. To discover a remedy which shall hit upon the focus of the disease, and thus act on all the other symptoms is our main object. This, however, has not yet been attained either by myself or others; but I must allude to a remedy, which of all others has best answered my expectations, and which I have long employed with much better results than any other (compare the tables of the different years); it is *arsenic.* Who is ignorant of its healing virtues in ulcerations, and even inflammations of internal organs? dry skin, dry fissured tongue, unquenchable thirst, diarrhœa with meteorism, weakness and faintness are all phenomena peculiar to it. It were highly desirable that others would repeat my experiments—two gentlemen have already done so with success—in order to confirm my experience, or to deprive it of its weight, and if, in so doing, but one life were saved, they would of a truth be sufficiently rewarded. This much, at least, I can say, that I have already employed arsenic, quite alone, in upwards of fifty cases of true typhus, *without any other medicine,* with very good effects, only towards the end of the disease; when the chest affection predominated, I administered phosphorus and senega. But dont we poison all our typhus patients? Our adversaries, who take upon themselves to prove by mathematical demonstration that a 6th or a 12th dilution is a veritable nonentity, and as to its possessing healing efficacy, the thing is out of the question, will soon be able to discover equally cogent arguments for demonstrating, that here is an actual poison, which it is impossible afterwards to remove from the system.

After the data I have laid before you, you will at once per-

ceive, that this hospital, as regards time, is the first, and considering its magnitude, it may be said to be the only homœopathic hospital (although, from various reasons, for the first two or three years from fifteen to twenty patients yearly were treated allopathically), at the same time I think I can, without reference to any particular party or its followers, deduce the following observations :—1. That it is scarcely ever necessary to resort to allopathic remedies in any acute disease in any of its stages; and that having recourse to such—if it do not proceed from some private reasons—is a proof of an imperfect acquaintance with Homœopathy, and a want of implicit confidence in it proceeding therefrom, or at least a want of sufficient self-reliance on the part of the physician. In the preceding tables, however, are many fatal cases, and when it is evident that, despite our remedies, the disease is taking an unfavourable turn, should we, entertaining a bigoted zeal for our system, reject all other modes of treatment? To this I must reply, that the most careful post mortem examination has never shewed me, in one single instance, any morbid appearance differing from those observed in a thousand similar cases treated on allopathic principles. There is, therefore, not the slightest temptation for trying the same mode of treatment for the thousand and first time; but, on the contrary, we are imperatively called on to try other not yet sufficiently known homœopathic remedies. *2dly*, That the results of homœopathic treatment are, in most diseases, much more brilliant, in many equal to, and only in very few perhaps less favourable than, the allopathic system. But the comparison seems to be in our favour, only because so many die in other large hospitals of chronic diseases! This objection, I opine, must fall to the ground, if it be taken into consideration (putting out of the question altogether the fact, that in our hospital the greatest number of patients, and among the men almost all belong to the very poorest order, and from their employment—weaving—must be reckoned the most unhealthy class), that the larger the hospital, the more favourable must be the proportion; that though our hospital be but small, a considerable number of chronic patients are received in proportion to the number of the beds, and finally

those affected with syphilis, itch, &c., who are completely excluded from our hospital, form no small item in the list of *received* and *recovered*, and among them very few make their appearance in the list of *deaths*. 3*dly*, That it is only *very seldom* that large doses, and these frequently repeated, are necessary for the cure of diseases; for before I undertook the charge of the hospital, large doses were administered in almost all cases, these frequently repeated, and the remedies often changed, and yet an opposite method of treatment (as has been shewn in its proper place), cured a larger proportion, and in shorter time.

(*To be continued.*)

M. ANDRAL'S HOMŒOPATHIC EXPERIMENTS AT LA PITIE.

By Dr F. W. Irvine, Edinburgh.

The adherents of Homœopathy have much reason to complain of the want of interest in the subject displayed by the heads of the profession; it is indeed matter of surprise and regret, that they should persist in a resolution not to examine into the merits of a system whose value is attested, on the ground of personal experience, by hundreds of their medical brethren, a system whose claims are set forth in able and accessible works, and whose success—both as exhibited in the tables of public hospitals, and the less imposing but more penetrating results of private practice—is making appeal from the bigoted love of the old, and dislike of the new in medicine, to that candour and love of truth which are looked for in the practitioner of the healing art, and are nowhere more requisite.

But great as is the evil resulting from non-enquiry, it is small compared with that arising from the nugatory results attendant on trials of Homœopathy, ignorantly or disingenuously made by allopaths of renown; for it cannot be doubted that many, and these perhaps the most candid among the adherents of the dominant school, whom the mere novelty and strangeness of our doctrine might not have prevented from examining into its practical working, have been deterred from so doing by the consideration that it were at once superfluous

and presumptuous in them to attempt success in a path which men whom they are wont to look up to have already trodden, and declared to lead to nothing but disappointment. When Homœopathy has thus been put upon its trial, it has been the practice to conduct the proceedings with closed doors, advocates for the accused have been excluded, and the witnesses (*i. e.* the cases treated) have been examined, and the evidence summed up in secret; the damnatory verdict alone has been promulgated, unaccompanied by any recommendation to mercy; and the public have had the general character of the judge for ability and uprightness as sole guarantee for the legality of the proceedings and the justness of the sentence; that sentence being usually no less than perpetual banishment from the domain of science.

Such trials are quite beyond our reach, and therefore we shall say nothing further of them; but we propose dwelling at some length on one to which the preceding remarks are but partially applicable, and which has been made amenable to criticism by the publication of the details. We refer to the series of experiments, instituted several years ago, by Professor Andral at the Hôpital de la Pitié at Paris. And it seems of peculiar importance to take up these experiments, first, because none are so frequently and so triumphantly referred to by the opponents of Homœopathy in proof of the inefficiency of the system; and, secondly, because the high standing of M. Andral, both at home and abroad, entitle us to consider this trial as a favourable specimen of the class, the more so as the Academy of Medicine evinced the high value they placed upon it, by making it the main ground of their decision against Homœopathy in the year 1835. We have, therefore, made a careful study of the published account of these experiments, contained in the sixth volume of the Bulletin Général de Thérapeutique (Sept. 1834), and would invite such of our candid opponents as may chance to peruse these pages, to look with us for a little into the details of these vaunted experiments, when we trust we shall be able to shew that no argument unfavourable to Homœopathy is deducible from them.

When we are told (p. 319) that a faithful application was made of the "principles and ideas" of Hahnemann; that the diet was

such as he prescribes; that the experiments were made on an extensive scale, and continued uninterruptedly for several months; finally, that the cases were noted down with "scrupulous attention," and digested in "immense and well drawn up tables," by M. Andral's "interne," M. Maxime Vernois;* the reader is inclined to suppose that all the conditions requisite to make such a trial conclusive were observed, and when he then learns that out of 54 cases treated, only 8 made permanent recoveries, he is ready to conclude that the trial was most damaging to Homœopathy. Such an inference would, however, be premature, and we think erroneous, and we proceed to adduce our reasons.

We may first notice the manner in which the "principles and ideas" of Hahnemann with respect to diet were observed. We are told (p. 319) that wine was administered to all the patients who could eat. This is manifestly an infraction of the principle on which the peculiarities of the homœopathic diet all depend, viz. that no substance possessed of any but purely nutritive properties should be given to a person under treatment; for what is not nutritive is medicinal, and thus we should have two medicinal forces in play, whose resultant we have no means of calculating. But we may object also on principles acknowledged by every school, that wine should not have been given to patients suffering from chronic inflammation of the stomach, of whom, as well as of other inflammations to which the same remark applies, several cases were subjected to the homœopathic treatment. To the rest of the diet-table (soup, bouilli, roast meat, fish, bread, and sugared

* "Attention minutieuse;"—"tableaux immenses et fort bien faits." Our readers will be able to judge presently how far these commendations are deserved; meanwhile, it may not be amiss to state that they are self-bestowed, for M. Maxime Vernois has informedas, in a pamphlet subsequently published (Homœopathie. Analyse de la Matière Médicale, &c.), that the article from which we quote is his own. We might, however, have left this much unnoticed, for we were not without examples of self-commendatory reviews before M. Vernois; this gentleman, however, has quite overstepped the pale of professional courtesy—at least as it is understood and practised in this country—in introducing anecdotes relating to the private practice of his opponents. One does not know at which to wonder most, the spirit of the essayist, who could pen matter of the sort for the grave pages of a scientific journal, or the taste of the editor who could admit it.

water) there can be no objection, except that to deprive the patients of salt with their food, as was done, is not sanctioned by any of Hahnemann's writings. Let it not be supposed, however, that we imagine that departures from the rules for diet could have had any material effect in paralysing the influence of the medicines, had the more important items in the treatment been observed; for we are not disposed to assign so important a part to diet as our opponents are in the habit of claiming for it, when homœopathic cures are to be accounted for; we merely notice it as an illustration of the little care that was taken to observe Hahnemann's principles, of which we shall obtain more proofs as we proceed.

The *moral* circumstances in which the patients submitted to homœopathic treatment were placed, were not favourable to the curative action of the medicines. While they saw around them, in full operation, the multiform and imposing appliances of allopathy, the lancet, leech, and cupping-glass, the blister, the cautery, the nauseous powder, and the bitter draught, the unfortunate patients who, by ones and twos, were selected for experiment, were made to swallow each a tasteless, inodorous globule of starch, amidst the smiles of physician and pupils, without the smallest expectation by any party of the least benefit accruing. It is impossible to assign the exact amount of influence exerted by moral causes on the curative effects of medicines; perhaps it is not very great, but whatever it may be, it ought, in justice, to have been made to act equally on the two sets of patients, which we have just seen was not the case.

But we proceed to much more weighty objections. They relate to the actual treatment, but we think it right first to lay the cases themselves before our readers, as committed to writing, with "minute attention," by M. Maxime Vernois himself, and made public in the journal referred to. We shall thus at once escape any risk of unconsciously mistating the facts, and avoid the charge of intentional perversion of them. We only regret, that, for some reason unassigned, 19 of the 54 cases, or more than one-third, those, namely, occurring in the two first months, have been kept back. That there were good and sufficient reasons for so doing, we are willing to believe, but should have been better pleased had such been assigned, for

not only is it not consonant with the usual procedure in matters of science to give but a partial view of the facts, but, considering the great importance and the public bearing of the subject in hand, nothing but the most cogent considerations could justify the withholding of any of the data on which the conclusions were based. If the results of these 19 cases were less favourable to Homœopathy than those of the 35 which are given, M. Andral must have felt that, by detailing them, he would have added to the force of his conclusions, and would thereby have been able to deal a more effectual blow at the inefficacious and, therefore, dangerous system; if, on the other hand, they shewed Homœopathy in a more favourable light, one would have supposed that candour and impartiality would have secured their publication.*

We proceed to the cases, of which there are 35 which we have numbered for facility of reference.

Aconite, 24th dilution. 1st patient, aged 25. Disease, gastritis. Predominating symptom, intense fever. Effect, the pulse fell 2 beats in 24 hours; next day the eruption of small-pox appeared.

2d patient, Intermittent fever of a quotidian type; predominant symptom, action of the heart. No effect.

3d, Acute angina; predominant symptom, intense fever. Effect, diminution of the sore throat, and falling of the pulse.

4th, Phthisis; predominant symptom, frequency of the pulse. Effect, falling of the pulse.

5th, Acute arthritis; predominant symptom, frequency of the pulse. Effect, a violent headache.

Arnica, 6th dilution. 6th, Pulmonary symptoms; predominant symptom, great giddiness. No effect.

7th, Cerebral congestion; predominant symptom, violent vertigo. Effect, the patient said he experienced immediate relief.

* M. Andral made many more experiments after the publication of this article, but did not publish any account of them; indeed, he probably had not the means of doing so, for so loosely had everything been managed, that, when giving his evidence on the subject before the Academy, he was unable to state the number of patients he had treated. See Léon Simon, Lettre à M. le Ministre de l'Instruction Publique. Paris, 1835.

8th, Hydro-pericarditis; predominant symptoms, giddiness and vertigo. No effect.

9th, Dysmenorrhœa, with chronic gastritis; predominant symptom; very violent headach. No immediate effect; improvement on the third day.

Belladona, 24th dilution. 10th, Hemiplegia; predominant symptom, confusion of sight. No effect.

11th, Bronchitis; predominant symptom, violent cough. No effect.

12th, Bronchitis; predominant symptom, violent cough. No effect.

13th, Affection of the optic nerve; predominant symptom, considerable confusion of sight. No effect.

14th, Heart-disease; predominant symptoms, giddiness, vertigo. No effect.

Bryonia, 30th dilution. 15th, Intermittent fever; predominant symptom, flying pains. No effect.

16th, Hypertrophy of the heart; predominant symptom, acute pain at the epigastrium. No effect.

17th, Acute arthritis; predominant symptom, pain at the shoulder. No effect.

18th, Pleurodynia, with bronchitis; predominant symptom, continual fits of coughing. No effect.

19th, Chronic gastro-enteritis; predominant symptom, violent pain in the left knee and shoulder. No effect.

Colchicum, 15th dilution. 20th, Acute arthritis; predominant symptom, violent pain, with redness and swelling of both wrists. Effect, abatement of the pains.

21st, Lumbago; predominant symptom, violent pain in the loins. No effect. This woman was bled.

22d, Tubercular consumption; predominant symptom, stitch in the left side. Effect, abatement of the pain.

Hyoscyamus, 12th dilution. 23d, Pulmonary consumption; predominant symptom, violent cough. No effect.

24th, Pleurisy, with bronchitis; predominant symptom, violent cough. No effect.

25th, Bronchitis; predominant symptom, violent cough. No effect.

Mercurius solubilis, 6th dilution. 26th, Mercurial trembling of upper and lower limbs. No effect.*

27th, Syphilis, ulcerations on the glans. No effect; the ulceration making progress, destroyed the frenum; the disease was checked with mercurial ointment.

Nux vomica, 24th dilution. 28th, A woman aged 21. Dysmenorrhœa, with chronic gastritis; predominant symptoms, very great dyspnœa. No effect.

29th, A woman aged 22. Dysmenorrhœa, with chronic gastritis; predominant symptom, dyspnœa. No effect.

30th, Female aged 18. Amenorrhœa; predominant symptom, inclination to vomit. No effect.

Pulsatilla, 24th dilution. 31st, Chronic gastro-enteritis; predominant symptom, diarrhœa. Effect, sensible improvement.

32d, A woman aged 22. Chronic gastritis; predominant symptoms, diarrhœa, with colic. No effect.

Chamomilla, 12th dilution. 33d, Diarrhœa without colic. No effect.

Opium, 6th dilution. 34th, Affection of the uterus and the heart; predominant symptom, obstinate constipation. No effect.

Plumbum metallicum (dilution not stated.†) 35th, Obsti-

* This case shews how little M. Andral understood the system he undertook to subvert. Homœopathy (as the name, indeed, indicates) cures on the principle of similarity, not identity, and we challenge any one to point out a single passage in all Hahnemann's writings to justify such a practice as was here followed. Indeed, such an idea as is implied in this experiment is refuted by daily experience, for were it true, the last dose of a drug should neutralize the effects of its predecessors, and there could be no such thing as lasting medicinal disease. This case, then, has no title to the place it occupies in a series of experiments on Homœopathy.

† Though quite a novice in Homœopathy, M. Andral has contrived to be original—in the matter of the dose. Amidst all the differences of opinion existing among homœopathists on this subject, there is unanimity on one point, viz. that the circumstances to be looked to as determining the dilution to be given, are the acuteness or chronicity of the disease, and the age, sex, constitution, and temperament of the patient; in short, that it depends on the nature of the case, more than on that of the remedy. M. Andral, however, while he gives some medicines at high, and others at low dilutions, gives a particular medicine always of one invariable strength, whatever the disease, and whatever the peculiarities of the patient.

nate constipation which had lasted eight days. No effect. It only yielded to purgatives.

Let us now inquire if there is virtue in these 35, or say 54, experiments to shake our confidence in Homœopathy.

The first condition which must be fulfilled to make experiments on this or any other system of any value, is, that the experimenter be thoroughly conversant with the principles of that system. This is so obvious as to need no proof. Now, we maintain, that M. Andral had either never read, or, having read, had forgotten the Organon of Hahnemann when he made the experiments in question. Let any one peruse that part of the Organon which relates to the taking of the case (par. 84-105), and then say if every one of the cases we have transcribed does not manifest, on the part of Andral, an utter ignorance or neglect of the fundamental principles of the doctrine. Hahnemann repeatedly and earnestly enforces the maxim, that it is only by attending to the totality of the symptoms that we can obtain such an image of the disease as shall then be serviceable in determining the choice of the remedy. M. Andral, however, instead of drawing a finished picture of the disease, contents himself with indicating a single feature, that, namely, which he conceives to be the most prominent, thus acting with about the same degree of reason as a painter who should confine himself to the delineation of the nose, the mouth, or whatever feature happened to be most marked in each particular instance. Portraits of this sort must be quite irrecognisable, wholly destitute of character or expression, and for the purposes of comparison, which is the object of drawing them in Homœopathy, utterly useless. In some rare instances, it is true, extreme precision is not requisite, and had M. Andral determined with accuracy the condition of time, position, &c. under which the predominating symptom was aggravated or ameliorated, *some possibility* would have existed of finding its counterpart among artificial (medicinal) diseases, in other words, of discovering what medicine would be most likely to neutralize the diseased action, in virtue of its similarity. M. Andral, however, by uniformly neglecting to determine the conditions affecting this or any other symptom, deprived himself of even this chance of suc-

cess. As if to make his infringement of Hahnemann's canons complete, the learned professor never takes any notice of the remote cause of the disease (except in the 26th case, which we shewed was not treated homœopathically), or of the temperament and moral state of the patient, on all of which points the founder of Homœopathy strongly insists as essential to the proper treatment of the case.

M. Andral occasionally displays considerable originality in the selection of the "predominating symptom," on which so much is made to hang. We were not prepared to find him, when prescribing for an affection of the heart and uterus (case 34), select the remedy by a reference to the state of the bowels; nor could we have anticipated, that a professor of Pathology would have considered giddiness so important a circumstance in phthisis (case 6), as to make it the therapeutic indication, to the neglect of the pulmonary symptoms.

We object further to the conclusiveness of the experiments of La Pitié on the very serious ground, that M. Andral had not the means of *applying* homœopathic principles to practice. We might grant, for argument's sake, that his conception of the homœopathic law was as accurate as we have seen it to be erroneous, and that the symptoms had been noted down with as much circumstantial detail as they were with inexcusable brevity; still the experiments would be without value, for without facts to work with, where is the use of principles on which to work? M. Andral not having a knowledge of the German language, was unable to consult Hahnemann's Materia Medica in the original; no French translation was extant at the time he undertook these experiments, and an acquaintance with English was as yet equally useless to the student of Homœopathy. A seaman wishing to find his longitude, though thoroughly acquainted with navigation, and though perfectly exact in his observation, is yet quite unable to discover his position without a reference to his Nautical Tables. In like manner, an accurate conception of the homœopathic law, and a scrupulous conformity to the rules for taking the case, are of no avail to one, who, as in the instance before us, has not the means of consulting the Materia Medica.

But while these considerations suffice to shew that these

experiments were performed in such circumstances as deprive them of all pretensions to scientific value; and while, therefore, they cannot be allowed the slightest weight in determining the question at issue, it would still be gratifying, could we award merit to M. Andral in taking the earliest opportunity of testing the practical value of an important truth. Did such a line of conduct proceed from an earnest desire to secure, without delay, for the alleviation of disease, the benefits accruing from each discovery in therapeutics as it arose, while we might be inclined to question the wisdom of attempting the solution of so intricate a problem with means so inadequate as he possessed, we could not but feel respect for, and express approbation of, the motives that led to it. It is, therefore, painful to find that facts will scarcely allow us to put so favourable a construction on the conduct of M. Andral. A French translation of Hahnemann's "Chronic Diseases" was published at Paris in the year 1832, and had therefore been a considerable time before the public when the trial at La Pitié was instituted. This work contained a most minute account of the action of twenty-two remedies, the names of which we subjoin, and which, with scarcely an exception, are of the highest value to the practitioner.* Had M. Andral been anxious to practise the system to the best of his ability, he would have found in these medicines a rich store of materials for the cure of the most obstinate diseases. If, however, our readers will take the trouble to compare the list they have just read, with that of the medicines used in Andral's experiments, they will find that they have not *one* remedy in common; in other words, that *Andral abstained from using the only medicines of which he had the means of making a right application.* Does this look like an anxiety to get at the truth? Again, several years have elapsed since the Materia Medica was published in French; but we hear of no trials of Homœopathy at the Parisian hospitals.

M. Maxime Vernois, while admitting (in the pamphlet al-

* Graphites, Lycopodium, Magnesia, Magnesiæ murias, Ammonium Carbonicum, Baryta carbonica, Calcarea carbonica, Natrum carbonicum, Acidum nitricum, Petroleum, Phosphorus, Sepia, Silicea, Zincum, Carbo vegetabilis, Carbo animalis, Causticum, Cicuta, Kali carbonicum, Natrum muriaticum, and Sulphur.

ready referred to) the incapacity of his professor to perform homœopathic experiments from not knowing the action of the medicines, excuses his ignorance by saying it was unavoidable (ignorance obligée). What we have just mentioned shews this not to be wholly correct; but from whatever cause his ignorance proceeded, surely the consciousness that he did not possess the means of testing the system, should have prevented him from stating before the Academy that he had given it a fair trial in his wards, and found it wanting.

It is scarcely necessary to prove that M. Andral gave the wrong medicines in the majority of the cases above detailed, after shewing that by chance only he could be right. In fact, he was reduced, partly by the want of the Materia Medica, partly by his willful neglect of such remedies as had been published, to guessing at the medicine which would be prescribed by Homœopathy; and as he did not avail himself of the assistance of any one better acquainted with the subject than himself, he obtained such results as might have been anticipated. These considerations make a detailed examination of the practice adopted quite superfluous; we will, however, notice one or two of the cases, in order to shew into what an inextricable maze of difficulties a man is thrown, when deprived of the clue, the knowledge of the pure effects of the medicines.

Let us take as examples the four cases treated with arnica. As the symptoms, with a single exception in each case, are not recorded, it is quite impossible to determine on the proper remedy to be given; but we may remark on the first case, that arnica is very seldom used in phthisis. If the reader wishes proof of this, let him turn to that article in Jahr's Repertory, and he will find that arnica is not to be found among the *eighteen* medicines *most* useful in alleviating the sufferings of the consumptive. The next case is one of cerebral congestion, with great giddiness; this was probably a case to which arnica was adapted, for we find its administration was followed by good effects; but this good fortune was plainly owing to chance, for there is nothing in the case to point out to us, without trial, whether arnica, belladonna, or nux vomica, not to mention others, would prove specific; so that there was at least twice as much probability of the wrong medicine being

chosen as the right, and, in the former case, the ill success which must have followed would have been laid to the blame of the system. We are at a loss to know why arnica was given in a case of hydropericarditis; we do not remember of a single case in which it was indicated; the presumption is, that arsenic, lachesis, or spigelia, were more appropriate to the case. As to the last case, we may observe, that it would perhaps be impossible to select any medicine out of the whole pharmacopœia less likely to prove beneficial in dysmenorrhœa than arnica. That this is not a simple assertion on our part, may be seen by once more turning to the Repertory of Jahr, when it will be found, that, though no less than thirty substances are enumerated as occasionally remedial in this complaint, arnica is not there. We might proceed in this way through the remaining cases, but we think sufficient has been said to convince every one that these experiments had nothing of Homœopathy but the name. We may just refer, however, to two cases of diarrhœa (cases 32 and 33), which Andral, by departing from his usual practice of mentioning but a single symptom, has unwittingly given us the means of shewing to have been wrongly treated. The diarrhœa of pulsatilla, though not unfrequently accompanied with colic, is for the most part more free from pain than that produced by other medicines; so that, when we meet with such a case as No. 32, unless the temperament be strongly indicative of pulsatilla, we naturally search among other remedies for the specific, and none is more frequently required than chamomilla. On the other hand, pulsatilla is likely to be useful in such cases as No. 33, for which chamomilla is certainly *not* suited; so that, in these two cases, the only ones in which there are any land-marks by which to guide our course, Andral chose the medicine least likely, on homœopathic principles, to effect a cure. It surprises us to find cases of intermittent fever among those experimented on, for these affections are, without exception, the most difficult of any to treat on homœopathic principles; requiring, in the first place, that the symptoms be detailed with extraordinary minuteness; and, in the next, that the physician have a most thorough acquaintance with the intimate character of the numerous medicines, (Böninghausen enumerates nearly

sixty, which are required in their treatment.) Much judgment is also required to know at what period to administer the remedy.

We have now to state a circumstance for which our readers are scarcely prepared. It is seldom, whatever system we follow, that one medicine suffices for the cure of a chronic complaint, even when the experience of years has guided the choice, and it is rare indeed that *one* dose of the medicine brings about the desired result. To this obvious principle, however, M. Andral shut his eyes when experimenting homœopathically; for we gather from an attentive perusal of the article already referred to, what the author was doubtless ashamed to state in so many words: *That though three-fourths of the cases treated were such as required a long course of treatment to cure, none of them received more than one dose of the homœopathic remedy*, the administration of which was followed by some days ("quelques jours") of inaction, at the expiry of which, if not cured, the patient was handed over to allopathy. It was expected, it would seem, that scarcely had the globule been swallowed, but the cure should be effected, if it lay in the power of Homœopathy to cure at all! Diseases of every kind, bronchitis, pleurisy, and consumption, chronic inflammation of the stomach, and hypertrophy of the heart,—diseases which had existed weeks, months, and perhaps years,—Homœopathy must cure them all by one dose each, or it is held to be a delusion! Were ever conditions like these imposed upon a system before? Notwithstanding all this, however, we learn that, of fifty-four cases thus treated, eight made permanent recoveries, and seven others were better *the day after getting the medicine.* We are told that time of itself brings about such results ("le temps seul amène ce résultat"); but we would just suggest, that, in chronic diseases, and in many acute ones, time is just as likely to bring about progress as retrocession of the disease; and, to say the least, it is remarkable that the improvement coincided so closely with the taking of the medicine; at all events, it would have been but fair to follow up, by a repetition of the medicine, the good already begun; instead of this, these seven patients were allowed to relapse, and thus to swell the list of failures. These facts require no comment.

The professed object of such trials as these, is to obtain such a body of evidence as shall, on the acknowledged principles of medical statistics, suffice to establish the comparative efficacy of the old system and the new. Were it demonstrated by adequate statistics, that Homœopathy came short in its results of the dominant system, and that this inferiority depended not on any weakness incident to its recent birth and fettered growth, and which it might reasonably be expected to outgrow, but on some inherent and irremediable defect; we say, were this satisfactorily proved, we should feel bound at once to abandon it; but we are not sure that we should think the *utter inefficacy* of its infinitesimal doses to be thereby demonstrated. On the contrary, our respect for *Allopathy*, all defective as it is, would preserve us from such a conclusion. We would ask those who adduce the supposed inferiority of homœopathic practice as proving its absolute powerlessness, "Do you not perceive that, in so speaking, you are casting a slur on the system you practise? Do you not see that you are saying in other words, 'Every system that has *any* efficacy in it, must be equal or superior to ours; our system has so little power over disease, that to have *less* is to have *none*.'" Happily for Allopathy, and for the mass of mankind who must long continue to be treated on its principles, the reasoning of such wholesale declaimers against Homœopathy is false, and therefore the degradation of the old system, which it implies, cannot be maintained. It would be just as reasonable to conclude that, because one body A, was proved to be hotter than another body B, *therefore* B contained *no* heat. The absolute powerlessness of a system of therapeutics, can only be proved by comparing it with the true zero of medicine, that is to say, the expectant method, and shewing that the results are similar. This has not been done; till it be, the enemies of any new system dare not in conscience say it has no power.

But we are very far from anticipating *any* injury to Homœopathy from a statistical comparison of its results with those of the old system. On the contrary, we look forward with confidence to statistics, as one of the means destined to be most powerful in establishing the value of the system. Before, however, either favourable or adverse conclusions can be drawn

from a body of cases, we must be assured that the system was fairly and intelligently applied, which we have shewn was by no means the case in those before us; and it is therefore useless to proceed to consider the inferences deducible from them, for from false facts no ingenuity can obtain true deductions. But we think it may not be amiss to consider for a little, whether, even supposing the facts to have been good, they were of such a nature as to be of service in a statistical inquiry.

The object of such trials being, as we have already observed, to institute a comparison between the merits of the two rival systems, it is obviously requisite that such diseases be chosen to operate upon, as admit of the display of the powers of medicine; for, where both systems are powerless to cure, no deduction favourable to either the one or the other can be drawn. It is therefore matter of surprise, that so intelligent a man as M. Andral (and a statistician withal) should have included in his trials so large a proportion of intractable or absolutely incurable cases. Nothing would have been easier than to have avoided this, for M. Andral did not take indiscriminately all patients entering his wards during a certain period of time (which, though on the whole the fairest mode of proceeding, inasmuch as it secures an unbiassed allotment of cases, would also be in some measure objectionable, as it would necessarily include some patients incurable by any system, and therefore make the results, *quoad* these cases, indecisive of the question); on the contrary, he *selected* his patients, as we infer from the following considerations. The experiments, of which we have a particular account, lasted 242 days, or 35 weeks; each experiment (or rather observation, for after the first day nothing was done), lasted "some days," say a week, or at most a fortnight; they were carried on continuously, and were thirty-five in number. Putting these things together, it is evident that there can have been but one, or at most two or three patients treated homœopathically at a time, so that M. Andral had ample opportunity for selecting, out of a ward of at least twenty beds, cases amenable to treatment, and therefore of use in determining the question at issue. Why did he not do so?

Further, had the mode of proceeding so far been unobjectionable, still we should have been unable to state if the results

made for or against the new system, for we are as yet unprovided with any statistics parallel to these in Allopathy; to obtain such, it would be necessary to institute experiments on cases treated with single doses of the appropriate medicine. We might perhaps make some approach to the results, by ascertaining what per-centage of patients are cured in the first week of treatment.

Lastly, even had the cases been judiciously selected, we have Andral's own authority for stating, that their number was far too small to make the conclusions trustworthy. One of his pupils, Gavarret, (Principes Généraux de Statistique Médicale, p. 108, note), quotes Andral as saying, "With thirty or forty observations, one may determine the diagnosis and pathological anatomy of a disease, but it needs years of research to arrive at a satisfactory result in therapeutics." M. Andral has thus pronounced his own condemnation, which supersedes the necessity of ours.

PRACTICAL OBSERVATIONS.

By Dr Buchner of Munich.

G———, one of the King's singers, 30 years of age, sang in his 18th year, and did not attain puberty until he was 24. He is a large corpulent man, powerful and handsome. Late in June, five years ago, he perceived a peculiar painful throbbing and beating (pocken und klopfen) in the middle of the left supra-orbital region; this set in at ten o'clock in the morning, and lasted regularly until the evening, and the pain was so severe as to oblige him to keep his bed. These attacks returned for five years, until 1840, when he came to me for advice.

The complaint had begun three days ago; the daily attacks commenced at ten o'clock in the morning, increased in severity until one o'clock, and then gradually abating, left the patient free from pain between three or four in the afternoon. The patient then eat and walked; every movement increased the throbbing pain, which was confined to a spot not bigger than a fourpenny piece at the middle of the supra-orbital region;

he could not read, nor could he speak much, as these exercises made him frantic with pain. Lying on his back, with his eyes closed, and perfect tranquillity about him, alleviated the severe throbbing pain. The countenance expressed much suffering; the temperature of the face, even of the affected side, was not raised. There was no throbbing in the temporal artery, but the bone was rather indicated by the patient as the seat of his pain. I considered the disease to be *Neuralgia rami frontalis Majoris Nervi trigemini*, and prescribed *arsenicum* 24, 2 globules at bed time. I should have mentioned, that the urine was not affected, but that the pulse was somewhat wiry, the temper of his mind rather anxious than fretful. After two days' use of the arsenic, the pain was lessened; after three days he could remain out of bed; and in five days it had entirely left him, and has never returned up to this time. (This was written in the autumn of 1843.)

A lady of 48 years of age, had suffered some time ago from "Fothergill's" pain of the face; and now, since November 1841, she has had spasmodic contraction of the eyelid of the left side; on this she rubbed in 4 drops of croton oil; she was immediately affected with heat, redness, and pain of the face, increased secretion of tears, and so copious a discharge of watery mucus from the nose, that it ran down the throat. Distracting pain in the head, she can find no rest anywhere; great sensibility towards light, which forces her to keep her eyelids firmly closed; agitation of the circulation, constant nausea in the evening, sleeplessness at night. Sacculated swelling of the left upper eyelid, which is soft and boggy; severe pain in the right side of the cheek, as far as the temples; she cannot open the left eye at all, and the right one very little. The conjunctiva of the left eye is injected with blood, and secretes pus; there is much pricking pain in it. After forty-eight hours, the left upper eyelid was no more swollen, but it was still red, hangs loose, as if paralysed. She saw with the left eye every thing distorted. After six days, all the symptoms had disappeared; but the neuralgia was no better.

A woman of 26 years of age, of a large and robust frame of body, and of a fair complexion, had suffered for four years

from tormina and bilious vomiting, which at first came on every fourth day, but latterly occurred every Saturday, and to alleviate which she had tried all sorts of allopathic medicine in vain. The nausea, attended with extreme weakness and repeated fainting, and the frequent attacks of violent bilious vomiting, obliged her to keep her bed the whole day. On other days the patient was perfectly well. She got 1 drop of *ipecac.* 3, morning and evening, and after that on the second and third Saturdays, the attacks were less severe, and were entirely absent on the fourth, since which time she has remained in perfect health. (Compare Hygea XV. 186, and *Froriep's* Notizen, 23d B. p. 192.)

Ludwig von R., 26 years of age, fair haired, of a very robust frame; two months previously got some blows with a stick over the head, since which time he has observed his sight to be much impaired. He thus described the affection of his vision:—There appears before his eyes as it were a smoke, which, shaping itself like a flight of small birds, forms a large circle, and is most distinct on a white ground, at the distance of twenty paces. There are also most frequently smaller circles visible, in which case the smoke seems but as an appendage of these circles. The appearance and motion of these circles depend on the unsteadiness of the look, and correspond to an appearance of congestion at the internal cavities of the eye. The margin of the circles are not colourless as the smoke is, but are always gray, and become black upon any sudden motion of the eye. On fixing his gaze upon an object, the whole apparition of smoke and circles appears to be above the lens, but after looking steadily for some time, it seems to sink to the middle of the lens, and to remain floating about there. All these appearances are clearer in clear weather, dimmer when the weather is dark. Persons at twenty paces all seem to wear glasses, and at a greater distance, especially by candle light, their faces are quite dark, and the patient cannot recognise them. He sometimes sees also a spot, which always remains black, and becomes larger as the night advances. He got, during March and April, one grain of *gum ammon.* 3, and perfectly recovered.*

* We wish that our learned correspondent had mentioned his reasons for giving *gum ammoniac;* for we are not aware of any proving of this substance having as

A peasant girl of 18 years old, was suddenly affected with suppression of the menses, in consequence of exposure to cold; this was succeeded by a catarrhal condition of the system, which her physician attempted to remove by large doses of medicine. The calomel which she took to the extent of nine grains at a time, was followed by ascites in the course of the fourth week. When I saw the patient in June 1842, the head was heavy, the speech indistinct, the eyes dim and dull, the pupils enlarged, the countenance devoid of all expression, the chin sunken, the tongue pointed, red, and clammy, the teeth dirty, the gums stringy; no appetite or thirst; the prolonged respiration corresponded to the slow and suppressed pulse, and the burning pain in the stomach, the red clammy tongue; the distended abdomen felt elastic, was slightly painful, chiefly about the ileum, fluctuated as soon as I pressed on one side, and percussed on the other; the stools were evidently from the calomel; the urine was thick, yellow, and clouded.

yet been made. From the following passage it will be seen, however, that the substance has already been used with good effect in allopathic practice.

Wichmann and Stieglitz (in Hufeland's Journal, f. d. Prakt. Heilkunde, Bd. viii.) quote an old observation of Burggrave, respecting the effects of the gums Ammoniacum and Galbanum on vision, the accuracy of which they confirm by their own experience. Burggrave's words are:* "*Singularis est laudatorum gummatum largiuscule per diem sumtorum effectus, a nemine, quantum scio, indicatus, visum miro quodam modo afficiendi. Circa vesperam assumentibus multis videtur, vel quasi aes fusum et fulgens ob oculos versetur; si vero ellychnium accensum forsan aderit, hoc mire fulgentibus coloribus circumdatum apparet, vel aliis spissa nebula, interdum ex pulvere per aërem quasi sparso constans, visum obfuscat. Post aliquot vero horarum lapsum haec symptomata sponte iterum et perfecte cessant. An haec dictorum gummatum facultas aliquid nervis inimicum signat? an ad purgandos oculos forsan dirigi poterit? sit problema.*

The late Dr Karl Himly took the hint thrown out by Burggrave in the last sentence, and tried the effect of the ammoniacum in that kind of amaurosis which proceeds from torpor of the retina, or, as he terms it, "loss of receptivity (*wegen mangelader Receptivität*). He gave it in large doses; the following is his prescription for the daily dose:—

℞. G. ammoniac, ʒij.
G. mimos, ʒvj.
Aq. fontan, ℥viij.

This mode of treatment he found remarkably efficacious. (*Vide* Himly's Augenheilkunde, Bd. ii. p. 436.)

* De aëre, aquis et locis urbis Francofurtanae, Francof. ad Moen. 1751, p. 110.

The patient lies on the back; the skin is hot, the muscles flaccid, there is almost no power; the night is for the most part sleepless and unrefreshing. She has no desire for anything, and is quite indifferent to her attendants. A dose of *arsenic* 9, every other day, did no good; on the contrary, there occurred bilious vomiting, and the burning pain in the stomach increased. The epigastric region was distended and sensitive, the skin continued dry, while the stools were yellow and earthy.

June 9th.—*Oleum croton* $\frac{1}{100}$th, a dose every fourth hour, after three days removed the vomiting. During this time the patient vomited on one occasion two, and on another occasion one worm of the ascaris species. The stools took the form of pale yellow balls; the urine increased in quantity, but still retained its turbid constitution. The croton oil, persevered in for three days, brought the stools to their natural consistency, increased the urine to two ounces in the twenty-four hours, and produced a marked improvement in the whole constitution of the patient.

June 14th.—After two days of intermission, the burning in the epigastrium, the want of thirst, the red tongue, the torpor of the skin, induced me to give *arsenic* 9, 2 *globules;* and after three days' perseverance in this, the skin became moist, the secretion of urine increased, the stools recovered their normal constitution, and the patient soon became convalescent, and ultimately well.

The measles prevailed in Munich in the summer of 1840, and on the following autumn they were epidemic in the suburbs, as also in the autumn and winter of 1842. The premonitory stage was seldom well pronounced, the chief symptom being a waving pulse (wellen-förmig), indicating the outbreak of some exnathematous eruption, and the catarrhal inflammatory symptoms led to the suspicion of the measles. The eruption generally occupied from two to three days in coming fully out, and presented great variety in its extent and intensity. It generally went away without desquamation. In one case, in which the mucous membrane of the bronchia was much affected, all the other symptoms of the measles were present,

but without the eruption. Adults were likewise sometimes affected, especially nurses, and in them the disease was very severe; for although the eruption on the skin was as great, yet the mucous membrane of the bronchia was more affected.

Aconite is a very admirable remedy in this disease; not only by checking the fever, but also by making the eruption appear more readily upon the skin. If the eruption still delays its full appearance, *pulsatilla* is the specific; also, according to Hering, *nux v.* In the case of a girl 7 years of age, who had been treated allopathically for 2½ months, and shewed red spots shining through the skin, 4 doses of *puls.* 6, pro duced an eruption over the whole body. The catarrhal symptoms, shewing the sympathy of the schneiderian membrane, and the conjunctiva, are usually sufficiently encountered by *puls.*; sometimes they require *bellad.*; when there is much constriction of the chest, and a shaking cough, *ipecac.* is specific, especially in the case of delicate children, who are easily affected with diarrhœa. In very young children, great attention must be paid to the head, lest the shaking cough produce cerebral congestion, convulsions, and even lay the foundation of hydrocephalus. Tetanic symptoms, arising from the sympathetic irritation of the nervous system, are best met by *puls.* when attended with catarrh; when inflammation is present, then *bellad.* should be given; and when truly nervous, *coffea*, *cina*, and also *stramonium.* In the case of scrofulous children, the glands, especially the submaxillary, and more seldom the parotid, became affected, and *puls.*, *dulc.*, *bellad.*, and sometimes *mercur.*, are of use when this is the case.

I never saw "sequelæ" occur in patients who had been treated homœopathically, but they were very common in those treated allopathically. Chorea, which had lasted fourteen days in a girl five years of age, was at once removed by *pulsat.*; and bronchitis and hectic fever, which attacked her sister, were cured in four weeks by *bellad.* and *mercur.* Hoarseness and chronic cough, arising from the long-continued inflammation of the mucous membrane in protracted illnesses, were best cured by *puls.*, *tart. ant.*, *droser.*, *conium.*, *hyosc.*, *bell.*, and *ammon. carb.*, in the case of adults. Besides chronic

ophthalmia and suppuration of the glands, after the application of leeches, slimy and even bloody diarrhœa, which carried many children off when treated allopathically, was arrested by *ipecac.*, *china.*, *puls.*, *merc.*, *arsen.* Œdema of the lower extremities, when it depended upon a draught of cold air, or other such cause, was best cured by *merc. sublim.*

PRACTICAL OBSERVATIONS.

By Dr Ozanne of London.

CASE OF MEASLES, WITH SEVERE PECTORAL SYMPTOMS.

—— Smith, æt. 12, a slender and delicate girl, had been affected for several years with scrofulous disease of the cervical glands, many of which had suppurated; she was, moreover, very subject each winter to severe cough; she was treated homœopathically, and was nearly well, when she became affected, towards the close of last year, with erysipelas of the face, followed by fresh swelling and suppuration of the cervical glands. Afterwards, she had a severe attack of bronchitis, of which she had just recovered, when she was exposed to the contagion of measles, and contracted the disease. On the 23d of February, I was called to see her and found her in the following state:—Skin hot, but moist; pulse 120; eyes red and suffused; intolerance of light; the pituitary membrane appeared to be the seat of congestion; the face covered with the measly eruption. She had a hard and almost incessant cough which caused much soreness along the sternum; tongue furred at its centre, and red at its edges. Aconite 3, and bryon. 3, a drop of each to be dissolved separately in six spoonfuls of water; a spoonful of each solution to be taken alternately every two hours.

24th.—She was reported by her mother to have passed a very restless night. Her cough had been very bad, her respiration very quick, with rattling in the chest; her skin hot and dry; but she was then better, the intolerance of light was not so great; she still complained of much soreness in the anterior part of her chest; the urine was turbid and milky.

Bryon. 3, aconite 3, to be dissolved separately, and taken as above.

I visited her at 6 P.M. The eruption had extended, but was not thickly spread, and was too pale. The cough was not quite so hard, and occasioned less soreness in the chest. As she had had rigors in the morning, and now had an increase of the dyspnœa, I feared that the inflammation had extended from the bronchia to the parenchyma of the lungs, but the respiration could be heard throughout both lungs, and beyond a degree of roughness, and mucous râles presented nothing peculiar. I gave her a drop of bellad. 3, to dissolve in four spoonfuls of water, and take alternately with the bry. and acon.

25th.—The eruption was much increased; more thickly spread and more coloured. She had been very hot in the night, at times had shivering, and been delirious; cough was not so hard, but the respiration still hurried, and the soreness of the chest not removed. To take in succession one-fourth of a drop of the 3d dilut. of aconite, bryon., and bell. I visited her at eight in the evening, and found her worse; her symptoms were those of pneumonia; she had three or four times during the day cold shivering; her skin was now hot and perspiring; her pulse at 130 and hard; her respiration very rapid; cough difficult; frequent sensation of suffocation, rendering it necessary to lift her up, and which was not relieved till she had expectorated; expectoration dense, viscous, and tinged with blood. On percussion no dulness was found, but on applying the ear to the chest, a crepitus was discovered at the base of both lungs posteriorly, extending half way up the left lung, but limited to the lower third on the right side, and also at the base of right lung in front. The intensity of the respiratory sounds had very much increased at the upper and anterior part of both lungs, but otherwise was not altered. Phosph. 3, one drop to be substituted for the bell., and taken by fourths alternately with the acon. and bryon.

26th.—Her mother reported at eight, that she had been very restless in the night, and at times delirious. The eruption now extended to the whole of the body, and began to fade away upon the face. Phosph. 3, one-fourth of a drop at

ten and twelve o'clock. I called to see her at two, and found that the disease had extended; a loud and fine crepitus, with a mucous rattle here and there, was heard in the whole extent of the lungs posteriorly, and at the base of both lungs in front of the chest; at the upper and anterior part of both lungs puerile respiration with much intensity of the respiratory sound; moreover, dulness on percussion at the base of both lungs posteriorly; the respiration, however, was not more difficult, and the pulse less frequent, at 116-120. Sulph. 6, one-fourth of a drop at two. Phosph. 3, one-fourth of a drop every two hours, to commence at four o'clock. I saw her again at ten P.M.; skin hotter; pulse 120-124; the symptoms of the chest were better, the respiration not so difficult; the crepitus did not extend higher than the middle of the left lung posteriorly, when it was replaced by a few bulles of a looser rattle; it still pervaded the whole of right lung, and in front continued at the base of the lungs; loud, intense, and rough inspiration at the upper lobes in front. In the morning the sputa was much tinged with blood, now it was only pinkish. To take aconit. 3, one-fourth drop at ten and at twelve, after which to continue phosph. 3, and sulph. 6, same doses alternately at three hours' distance.

27th.—She was worse; the dyspnœa so great that she could not lie down, but was obliged to sit up propped with pillows; respiration very quick; 62 inspirations per minute, pulse 128; the crepitus extended throughout the whole extent of the posterior surface of the lungs, and in front up to the right clavicle; the respiration was good only at the anterior part of the left upper lobe; there was dulness on percussion at the base of left lung. Phos. 3, one-fourth drop at 1; same dose, aconite, at three, and phos. again at five. Her mother sent in great alarm to state that she was much worse, and could hardly breathe or move. I visited her at half-past five with Dr Curie, but she was a little better; the sputa had ceased to be tinged with blood since the morning; there were a few bulles of crepitus in the left upper lobe, in front; but, on the whole, the rattle was looser, and could be called sub-crepitant. Tart. emit. 4, one drop, one-fourth part every hour. I saw her again at ten; she was improved, the tart.

emet. was repeated, and aconite left with her in case of increase of the heat of skin.

28th.—Was reported to be improved; had slept a little and could breathe better. Phos. 3. one-fourth drop twice. I saw her in the afternoon and found her improved; the inspirations varied between 48 and 52 per. minute; pulse 120; skin hot and dry. Aconite 3, one-fourth of a drop. At 10 P.M., the dyspnœa had again increased. Sulph. 6, one-fourth of a drop at 12; same doses of tart. emet. 5, at two and at four; if not much fever, to continue the tart. emet.; if much heat, to take same quantity of acon. 3 instead.

March 1st.—She was better, the crepitus had diminished in extent; she complained of pain in the left side, with tenderness on pressure. Bryon. 4, one-fourth of a drop every three hours. I visited her at 10 P.M., and found more heat of the skin and a little increase of the dyspnœa. Phos. 3, one-fourth of a drop every three hours.

2d.—Was reported to be much better, but the cough had increased, was quite dry, and she was hoarse since the previous evening. Hepar. sulph. 5, one drop by fourths every three hours. She was visited in the evening; respiration easier; the crepitus could no more longer be heard in the front part of the chest; posteriorly, it was limited to the lower half, but was sharp and fine only at the base of the right lung. Phos. 3, one drop, one-fourth every three hours throughout the night.

3d.—Passed a good night; the hoarseness continued. Carbo. veg. 2. glob. 12th. I saw her at 5 P.M.; she had complained since the morning of much soreness at the base of the chest, chiefly at base of left lung, where a slight pressure caused much pain; a frequent, short, and dry cough, causing increase of soreness in the chest; pulse 108-112; heat of the skin nearly natural. Bryon. 3, one drop by fourths every three hours; the same repeated in the night.

4th.—Less soreness at the base of the chest; she could lie upon the left side without pain; hoarseness still; she scarcely had any cough in the night. Carbo. v. 2-12ths at 10; bryon. 3d., one-fourth of a drop at 1. At 6 I saw her; she had a frequent dry cough; but her skin was moist and natural, her

pulse 100 only. Sulph. 5, one drop by fourths every four hours.

5th.—Had a very good night; respiration free; the pulse at 100. She still complained of a pain at the base of the right lung. Sulph. 2-15th; she was allowed to take a few spoonfuls of beef-tea.

6th.—She felt much better, but complained of the same pain in the chest, and, moreover, of a pain underneath the left scapula. Bryon. 3, one drop by 8ths every three hours. Was allowed to continue the beef-tea.

On the 7th, she improved very much, and lost the pain of the side entirely; bread was allowed in addition to the beef-tea. On the 8th, she was better, excepting a soreness in the throat, which having returned, the next day she took sulph. 2-12ths.

She rapidly improved in strength, her diet being at the same time increased. On the 17th, she was seized with erysipelas of the face, which was removed in two days by means of two drops of belladonna 3, without materially retarding her convalescence.

I selected this case for publication, as it affords an excellent illustration of the power of the homœopathic method of treatment in pneumonia. The disease was of the most serious character, on account of the extent of the pulmonary tissue involved, and of the extreme dyspnœa. Moreover, it followed bronchitis, and occurred in a patient affected with measles, and previously scrofulous. At one time during its course the distress of respiration was so great, that the case seemed almost desperate, and demanded most speedy relief.

The symptoms at first denoted bronchial inflammation, which afterwards extended to the parenchyma of the lungs; the advance of the inflammation was marked by rigors, which were followed by an increase of temperature and dyspnœa; the crepitus replaced the rattle previously heard, and the expectoration became dense, tenacious, and tinged with blood. At the height of the inflammation a slight degree of dulness on percussion was manifest. This, together with the pains experienced at that time and subsequently, indicated that the pleura was also affected.

In the treatment of this case, the aconite was given on account of the activity of the circulation, and of the increased temperature of the skin; the belladonna was prescribed with the view of favouring the eruption; and bryonia, as it was feared that the disease would pass on to pneumonia. Phosphorus was given when the disease had decidedly assumed the symptoms of pneumonia, and subsequently sulphur, on account of the psoric diathesis of the patient. At a later period, when the rattle became looser, and when the expectoration ceased to be tinged with blood, hepar sulphuris and carbo vegetabilis were given on account of the hoarseness and cough, which continued after the state of the lung had improved.

During the whole course of the disease the patient abstained entirely from food. She began to be fed with weak beef-tea as soon as the pulse fell below 100, which was on the 12th day from the commencement of her treatment. With regard to this point in the management of patients labouring under acute disorders, I may offer one or two remarks. If food were given too soon, it would draw into the digestive organs a portion of that vital influence necessary to the cure of the diseased organ, thereby disturbing the process of cure excited by the medicinal agents, and producing, in consequence, exhaustion of the patient. Again, if the food were at all digested, it would bring into the circulation materials for assimilation when the assimilating powers are incapable of acting. It must be remembered, that in acute disease all the power, over and above that which is requisite for the mere purposes of life, is directed to the attainment of one object—the restoration to health of the diseased tissue; and that any cause, however trifling apparently, tending to disturb the curative actions going on, might be sufficient to turn the scale, and produce an unfavourable termination.

In this case food was given when the pulse was a little below 100; consequently too soon, although this patient habitually had, on account of her chronic disease, more frequency of pulse than is usual at her age.

CASE OF PLEURITIS COMPLICATED WITH SYPHILIS AND SCROFULA.

E. Bulpin, a blacksmith, æt. 20, was admitted as an out-

patient at the London Homœopathic Institution in Hanover Square, on the 26th of December 1842. About seven weeks previously, he contracted syphilis in its ulcerative form, was treated allopathically and improved, but there still remained one ulceration. Since about three weeks there was swelling of the cervical glands. On the day of his admission he presented the following symptoms:—Pale face, with blueness around the eyes; spare habit; has grown thin since his disease; a little injection of the left eye, with swelling of the upper lid, and lacrymation. On the left side of the neck below the left ear, an enlarged gland, of the size of a pigeon's egg, with redness and heat of the integument, pain in the tumour, and much tenderness on pressure, or when moving the head. Enlargement of the glands from underneath the right ear to the middle of the body of the lower jaw. Much tenderness on pressure in a limited spot at the centre of the sternum. Frequent coughs, with expectoration, since four years; aching pains on both sides of his chest, just above the mammæ, and in the axillæ, chiefly when lying down or when coughing. Aching pains in both arms when moving them. An ulceration near the frænum, which is assuming a healthy appearance. Pulse 96.—*Nitri. ac.* 2–12*th*, 2 *doses, and sulph.* 2–30*th, to be taken at intervals of three days.*

4th of Jan.—He complains of catching pains in both hypochondria, but all his other symptoms are improved. The tumour of the neck has greatly diminished in size, and is painful only when strongly pressed.—*Nitri. ac.* 2–30*th, to be taken a week after this date.*

18th.—Glands much smaller, softer, and without pain. The ulceration is nearly healed; but, on examining the throat, an ulceration was found upon one of the tonsils. On the same side there is redness and swelling of the fauces. After taking the nitric acid, a swelling, with increased pain, came on in the part already mentioned at the centre of the sternum. Since two days he experienced again a soreness, with catching pains, from the right hypochondria to the scapula, causing shortness of breath. Cough from a tickling in the throat, causing much pain in the chest. His chest was examined. On applying the ear a rubbing sound was heard; the respira-

tory sounds were indistinct. Percussion caused much pain, both behind and in front up to the breast, but gave nothing positive with regard to effusion. Pulse 88.—*Bryon* 3, *one drop, a tenth part every two hours; if any febrile heat in the night, to take aconite* 3, *one drop, a fourth part every three hours.*

20th.—As he felt better, he did not come on the previous day as he was ordered. The cough caused much less pain in his chest; there was but little pain on percussion; there was a little dulness on percussion, and the respiratory sounds were faintly heard. Effusion had taken place; mucous and sibilant râles in both lungs; at times a thick brownish expectoration. Pulse 96.—*Bryon.* 3, *repeated.*

21st.—He sent to report himself much the same.—*Same prescription.*

23d.—He felt better, but still had a slight catching pain in the right side of his chest, and also a catching pain at the base of the left lung. Pulse 100, but soft.—*Sulph.* 2–12*th. To take, if any increase of heat, aconite* 3, *one drop.*

24th.—He sent to report that the right side felt better; the left continued painful. Cough much the same; expectoration increased.—*Phos.* 3, *one drop, a sixth part every five hours.*

26th.—He sent to state that he was better of his pains, which, however, returned upon the least exertion. He now experienced throbbing and aching pains on the left side, from the base of the chest up to the breast.—*Aconite* 3, *one drop, to be followed the next day by bryon.* 3, *one drop, each in four parts of water at four hours' distance.*

28th.—The pains continued, but in a slighter form. A tumour in the right axilla, which had been coming on for some time, caused pain on moving the arms.—*Same prescription.*

30th.—Improved.—*Sulph.* 2–12*th. If any increase of pain, aconite* 3, *one drop.*

2d Feb.—A little cough and expectoration; he still had pain within the chest.—*Aconite* 2–12*th; and, on the next day, bryon.* 2–12*th.*

4th.—The pains of the chest rather better, but there was still a degree of tenderness on pressure; the cough continued. —*Sulph.* 5, *one drop, one-eighth twice daily.*

9th.—There was less pain on pressure, but cough, or a deep

inspiration, still brought it on.—*Bryon.* 3, *one drop, to take only if the pains should increase.*

14th.—He attended personally for the first time since the 23d Feb. His chest was examined. There was complete dulness of percussion at the base of the right lung, and absence of the respiratory sounds; at the middle of the chest bronchophony; and a little higher up a distant rhonchus. On the left side, less dulness on percussion; the respiratory sounds could be heard just below the axilla, but very faintly; lower down they were altogether absent. Percussion, as well as moving his arms, caused pain in both sides of the chest. On the middle of the sternum there was a flattened tumour, in which fluctuation was perceptible. He felt weak. Pulse feeble, at 100.—*Sulph.* 5, *one drop; one-eighth twice daily.*

20th.—He felt better, but his pulse was at 120. He still experienced at times shortness of breath and catching pains in his chest, and had a slight cough, with a thick expectoration.—*Bryon.* 3, *one-eighth twice daily.*

27th.—He felt rather stronger. The dulness on percussion was not so great in the right lung, but was much the same at the base of the left lung, where no respiration could as yet be heard. The tumour on the sternum remained much the same. His general state continued serious; he had at times a short cough; his pulse was at 124, and hard.—*Sulph.* 2–30*th, and, four days after, bryon.* 2–30*th.*

8th of March.—He felt and looked better, the pulse 100, but still had dyspnœa when moving, and catching pains in his chest when he moved his arms or coughed. The effused fluid in the right pleura seemed to be entirely absorbed, but at the base of the left lung there continued dulness on percussion and absence of respiration, although to a less extent.—*Bryon.* 3, *one drop, a fifth part twice daily; and, two days after the last dose, to take sulph.* 2–18*th.*

17th.—He felt better and stronger.—*Bryon.* 2–18*th, followed by sulph.* 2–18*th.*

25th.—He continued to improve, but the frequency of pulse continued, and he had night-sweats. The glands of the neck were improved; the axillary tumour remained much the same. —*Nitric ac.* 2–12*th; bryon.* 3, *one drop if much pain.*

31st.—The tumour in the axilla had burst, and discharged much matter through a round ulceration with indurated edges. —*To take hep. sulph.* 2–12*th, after which sulph.* 2–12*th.*

8th of April.—There was but little discharge from the axillary abscess; that upon the sternum was painful, and larger. There remained still some degree of dulness on percussion on the right side, but the respiration was heard down to the base of both lungs.—*Nitric ac.* 2–30*th.*

The patient's health improved gradually. He occasionally experienced pains in the pleuræ, which was to be expected, as adhesion had taken place. In May he was seized with acute ophthalmia, which was cured by aconite, bell. and sulph. Shortly afterwards, the abscess of the sternum burst. He returned to his work in July. At first the exertion requisite for lifting the heavy hammer caused a return of the pains in the chest. A few doses of arnica alleviated them. At present he feels quite well, and as strong as before his disease. He, however, continues under treatment for an ulceration upon the sternum, resulting from the abscess, and which is nearly well.

Pleurisy is a disease which, in general, is attended with very little danger; the prognosis is so favourable, that in simple cases—those in which one of the pleuræ only is affected—and in which a proper mode of treatment is resorted to, a favourable result may confidently be expected; but circumstances may arise, and so influence the course of the disease, that it becomes one of the most serious forms of thoracic inflammation. If simple pleuritis is unattended with danger, it is not so when both pleura are affected at the same time. The extent of the effusion, and the degree in which respiration is prevented by it, are not the only sources whence danger may arise. If the disease pass on to a chronic form, it may so impair the function of nutrition by compression of the lungs, and so exhaust the strength of the patient as to produce hectic fever and death. In some instances, and particularly in subjects predisposed to phthisis, the adventitious membrane may become the seat of a deposit of tubercular matter, which from thence gradually extends to the tissue of the lung.

In the case of this man, fears of some such result were well founded. The pleuritis first affected the right side; but as

he unfortunately lived six miles off, and had to ride to and fro in an omnibus when the weather was cold and rainy, the disease extended to the opposite side. Under these circumstances, it was thought better to let him remain at home entirely, and to treat him upon the reports he sends. In consequence of the influence of cold and damp acting upon a subject previously scrofulous, the disease assumed a chronic form; at the same time the gradual increase of pulse, the debility, and night sweats, shewed how deeply his constitution was affected. The use of sulphur as an antipsoric was insisted on; and under its influence, as well as that of bryonia, which was given now and then, absorption of the effused fluid gradually took place, and his constitutional symptoms improved. As the disease of the pleura was subsiding, a reaction took place upon the enlarged glands in the axilla, and subsequently upon the tumour of the sternum; these abscesses may be considered as the crisis of his chronic affection. It is, however, likely that the scrofulous disease would have been cured without the formation of abscesses, if he had not been seized with pleuritis. This is rendered more than probable by the rapid improvement in the cervical glands, one of which threatened suppuration previous to the exhibition of nitric acid.

TIC DOULOUREUX.

Mrs B. has for several years been affected with dyspepsia, for which she was constantly under allopathic treatment, without any perceptible improvement. Last year she was seized with peritonitis, for which the usual antiphlogistic means were resorted to; after her recovery she continued, as before, in an ill state of health. In the course of the summer, on her way home from a tour undertaken for the benefit of her health, she unfortunately remained exposed for several hours to the night-air upon the deck of a steamer, and was consequently seized with severe neuralgia of the left side of her face. She consulted two or three eminent allopathic physicians, who prescribed several different medicines, consisting chiefly of narcotics and ferruginous preparations. At the end of three months she was exactly in the same state as at first. On the 5th of October, I was desired to see her. She

had daily several paroxysms of most excruciating pains on the left side of the face, which almost distracted her mind. These pains were described as severe shootings in the course of the upper and middle branches of the fifth pair of nerves, extending at times to the whole of the side of the face. In the intervals of the paroxysms of severe suffering, there were constant aching pains in her left eye, and a burning sensation around it. She had, moreover, symptoms in the head which indicated a degree of congestion, namely, frequent flushings of the head and face; confusion of the head, giddiness, and staggering when she moved; loss of memory to such an extent, that she could scarcely recollect any thing for a few minutes together; and impaired vision, particularly of the eye affected. I noticed a puffy swelling of the eyelids and cheek, a degree of protrusion of the globe of the eye, and frequent twitchings of the eyelids. Her digestion was not good, and her appetite very poor. As she habitually took wine and strong black tea, I ordered first nux vom. 2–12th, as an antidote to these drinks. I also prescribed belladonna 3, one drop in five spoonfuls of water, one of which was to be taken every four hours, to commence on the next day. On the 7th I received a note, in which it was stated she had not had any paroxysm of severe pain, but that her attendants had been alarmed by her having slept nearly the whole of the previous day. As I considered this to be partly the result of the action of the belladonna, I sent her a few inert powders, and at the same time provided her with another drop of belladonna, to be taken by portions of one-fifth at a time, if the pain should return severely. On the following day she felt quite well until the evening, when, being seized with one of the usual paroxysms, she went to bed and took a dose of belladonna, which in a few minutes removed the pain. She fell asleep, and passed a good night; from that time she had no return of these severe pains. When I saw her on the 9th, she felt much better in every respect, but still had slight pains in and around her left eye. I advised her to take no medicine at all until my next visit; and left her with the understanding that she would have recourse to the belladonna only if the pains should return again in a severe form. I saw her on the 14th, when she complained

of shootings in the eye and face; these pains were very slight in comparison to the former, therefore she thought but little of them. I prescribed colocynthis 2–12th. She improved under the influence of that medicine, and on the 18th had entirely lost the facial pains; her memory was improved, and her head felt less confused; but there still remained a little swelling of the cheek and eyelids. She was at her menstrual period, and had severe contracting pains in the abdomen. Cocculus 2–18th was ordered. On the 23d she felt quite well; as there continued still a slight degree of swelling of the eyelids, I prescribed sulphur 2–15th. On the 28th she complained of an aching at the top of the head, which I attributed to the action of sulph., therefore gave her no medicine; on the 4th of November this pain had increased, but was removed by nux vom. 2–12th. Her health was quite restored. On the 11th of November, when I paid her my last visit, as she had been quite free from neuralgia for four weeks, and her sight was restored. She considered herself cured.

The results of homœopathic treatment in neuralgia are always most favourable—but the relief following the treatment is seldom so rapid as in this and the following case. One of the reasons of this seems to be, that most patients suffering from intense neuralgic pain get into the habit of taking daily large doses of some kind of narcotic, but more especially of opium or morphia. By this proceeding they generally deaden the pain for a few hours; but unfortunately it returns with an increased degree of violence, and is only lulled again for a short time, by a fresh dose of the narcotic. Thus it is, that the disorder may frequently continue for years, and gradually wears out the strength of the patient, and renders his life a burden to himself, and useless to others.

In some cases, it so happens that the narcotics have not even the palliating effect alluded to; the patient is then made to take large doses of a salt of iron, and, finally, gives up all kinds of medicine in despair of a cure. Such was the case with both these patients.

In this instance, the treatment was commenced by nux, as, in addition to the analogy of the symptoms, it is appropriate in cases where stimulating drinks have been used. It was fol-

lowed up by belladonna on account of the particular manner in which the brain was affected—in fact, the loss of memory, giddiness and confusion of head, with impaired vision, indicated a degree of congestion of this organ. Whilst the patient was taking this medicine, she slept a great deal; so much so, that her friends were alarmed. This should not be entirely attributed to the action of the belladonna, as it is very probable that the previous exhaustion from long-continued suffering, and the almost immediate relief experienced, favoured sleep; which was rather desirable than otherwise. The belladonna was followed by colocynthis, on account of the character of the pains, and of the puffy swelling of the face. This medicine entirely removed the remains of neuralgia. I gave cocculus for intervening symptoms dependent on menstruation, and which had no direct connexion with her previous complaint. Finally, sulphur was given, on account of her having been previously affected with chronic disease, and on account of this swelling of the face, which was not entirely removed. The nux vomica was prescribed for pains at the top of the head, which I thought arose from the action of sulphur; but I have since had some doubts as to their real origin, and have reason to believe that they were occasioned by errors in diet, as she had often experienced the same kind of headache from a similar cause.

NEURALGIA.

Mrs B., aged 66, came from Norfolk to London for the purpose of consulting Dr Curie, and was admitted on the 4th of June 1842, as a patient of the Homœopathic Dispensary, then in Ely Place, Holborn. Her chief complaint was of neuralgia, which had constantly troubled her for the last 18 years. On the day of her admission, the following statement was drawn up: Until the present disease, she had enjoyed pretty good health, with the exception of languor and occasional symptoms of indigestion. About 18 years ago, one night in bed, while stretching one of her legs, she felt a sensation as if something snapped in her foot, and ever since has had pains in it. The neuralgia extended from the leg to the other parts of her body, and has, from its commencement, gradually in-

creased in violence. She has been for many years under medical treatment; but, of late years, she has left off taking medicine, being persuaded that her case was incurable. She would not have thought of coming to London, had not the rector of her parish repeatedly urged it, and confidently assured her she would obtain relief. The cause of her disease could not be traced, but she herself formerly believed it depended upon a wound in the foot, received many years before from the fall of a pen-knife, which plunged deeply into it.

She experiences very frequent pains in different parts of her body, as if a red-hot wire were suddenly thrust into her flesh; sometimes the pain is similar to that which would be caused by the electric spark, and is accompanied by a tearing sensation. She is seldom at rest for five minutes together; in the night is generally worse, being sometimes unable to sleep, on account of excruciating pains, which return nearly every 5 minutes—exertion or excitement sometimes aggravate and sometimes alleviate the pain. She is frequently troubled with violent aching, pressing, and shooting pains at the right temple. She is occasionally affected with sick-headaches, attended by much pain at the occipital region; her tongue is slightly furred; her gums are bluish, swollen, and tender, from abuse of mercury. In addition to these symptoms, she has had opacity of the lens of the right eye for seven years. She usually drinks weak tea, but takes neither wine nor spirits, and has made use of coffee only lately. She is ordered to abstain from these, and to take *nux vom.* 2–30th.

8th.—No alteration whatever—to apply the *south pole of the magnet* upon each hand.

14th.—Her pains are much the same. Rhus. t. 2–30th.

21st.—She has been much better this week; had this morning an attack—severe pain in her right knee. To continue under the action of the same dose.

25th.—Had no return of severe pain; only complains of stiffness in her knees. Repeat the rhus.

2d of July.—Had pain in the right temple and in the right hypochondrium, for which he took the rhus, and felt relieved: has since experienced occasional darting pains in the right temple. The action of the medicine to be allowed to continue.

8th.—Feels much better; has had occasional shootings in the right temple and left knee. *Pulsatilla* 1–30th.

From this time the patient had no severe pains, but occasional shootings in different parts, and a few symptoms of indigestion. By the end of July, the sight of her right eye had returned so far, that she could see objects moving before it, which she had been unable to do since the cataract first appeared. Phosp. 2–30th was prescribed. She afterwards took rhus. 2–30th, then sulphur 1–30th; and on the 31st of August, opium 1–30th, and ignatia 1–30th two days after, as she had a return of her shooting pains from a fright. On the 14th September the pains had entirely left her, and had not returned when we last heard from her, which was in May 1843.

Although this patient had been affected for a much longer period than the preceding, she was, in some respects, a better subject for treatment, as she had not taken any medicine at all for a length of time. The case was of a more chronic description; yet, in the space of a few weeks, she was nearly cured. The pains continued unabated after the exhibition of nux vomica, and the application of the magnet. When a better description of the pains was given, their tearing character, and the circumstance of their being much aggravated at night by the heat of the bed, strongly indicated rhus tox., a dose of which nearly removed them. This medicine was repeated, and afterwards pulsatilla was given on account of the state of the digestive organs. Under the influence of this treatment, she rapidly improved. She was much afflicted in consequence of a fright, and had a return of pains, but opium and ignatia removed them. From that she had no return of her neuralgia. Phosphorus was given with the view of remedying a few remaining symptoms, and of acting upon the cataract. After being two months under treatment, she began to see a little with her affected eye; the improvement continued for some time, but as she left London, her treatment could not be carried on; and whatever hopes might have been entertained with regard to the cataract, were, in consequence, abandoned.

AFFECTION OF THE BLADDER, WITH FORMATION OF A FALSE MEMBRANE, AFTER DIFFICULT PARTURITION.

By Dr D. Wielobycki of Edinburgh.

I have been induced to report the following case, as being an example of a disease of so rare an occurrence, that the records of medicine contain but few instances of it. Dr Michaelis of Kiel, reports but one case of a similar nature out of 2573 women delivered under his superintendence, in the course of nearly thirty years, and that case was fatal (*Geschichte der Kieler Hebammen und Gebähr Anstalt von G. R. Michaelis*, in the *Mittheilung aus dem Gebiete der Medizin, &c. Von Pfaff, Kiel*, 1832). Besides, there is a preparation in the St Bartholomew's Hospital of London, of a false membrane lining the bladder of a puerperal female who died of the disease. Independently of the general interest of a disease so rare and hitherto so fatal, it was specially interesting to me as occurring at so early a period of my practice in the homœopathic method of treatment, and the signal benefit derived from the medicines administered, tended much to strengthen my previous conviction of their efficacy, even in the most urgent and desperate cases. Of their excellent adaptation, to all the simpler affections which attend the puerperal state and that of new-born infants, I had already had some little but most satisfactory experience; but in this case they effected a cure of a disease hitherto, as far as I am aware, always fatal.

Mrs E. M'——, aet. 27, of low stature and nervo-bilious temperament, in her first pregnancy, was seized with labour-pains late on the evening of the 4th October. During the next day, the pains continued, but lingering; she was much exhausted from vomiting; her medical attendant sent for me late on the evening of the 5th. On arriving at 11 P.M., I found the skin moist, pulse natural but weak, tongue white and clammy, frequent attacks of vomiting. On examination, the os uteri was found nearly fully dilated, the liquor amnii had escaped some hours before; presentation natural, head jammed in the brim of the pelvis; position 1. On returning next morning at 5 o'clock, I found the head lower in the pelvis;

dry, hot skin, pulse 110, frequent restlessness and dejection of spirits; tongue dry and brown, frequent vomiting of a green bitter fluid. The vomiting was checked by emollient drinks; she had a little rest, the skin became more moist, and the external parts more relaxed. But as the pains were again decreasing, and the labour had made no progress for five hours, and the foetal pulsation indistinct, with discharge of meconium—the bladder having been previously emptied by the catheter,—I deemed it necessary to use the forceps, by means of which the patient was delivered at 9 in the morning of a living child.

Oct. 7.—Has slept well, and made water; other symptoms favourable. On the 3d day after delivery, she observed that upon laughing the urine was expelled in gushes. As the child could not suck, the milk was artificially drawn off. During the 5th night, she was seized with shivering, followed by perspiration, pain and swelling of the breasts.

Aconite 6th dil., and *coffea* 6th dil. dissolved in water, were administered to her alternately every 2 hours with advantage.

On the 7th day she was so far recovered as to be able to leave her bed, but complained of frequent involuntary emission of urine, attended with a little pain in the urethra.

A few days afterwards the urine passed offensive and ammoniacal:—that drawn off by the catheter was muddy and flocculent; at the meatus urinarius there was protruding a small piece of yellow thickened lymph, of a putrid smell. On the night of the 21st had retention of urine for 12 hours.

Oct. 22.—She could not walk freely, and complained of pressure at the sacrum, and great weight in the hypogastrium. Observing something projecting from the vulva, she took hold of it and pulled it away, which caused slight pain, and was immediately followed by a discharge of about a pint of very offensive muddy sanguineous urine. On being informed of this, which took place on the 17th day after delivery, I made an examination, and found the vagina a little hot, and of nearly natural size; the uterus hard and small; the os uteri would not admit the point of the finger, and was not painful to the touch; slight serous lochia. The urine, as drawn off by the catheter, which

was easily introduced and without pain, was turbid and mixed with red streaks. The membrane, as shewn to me, would have covered the palms of both hands; it was torn in many pieces, and consisted partly of a thin pellucid membrane, partly of a thicker, opaque, and flocculent portion, of an extremely mephitic odour. The patient complained of partial shuddering; her skin is dry and burning; is drowsy, groans, and starts frequently. From this time she began to lose her flesh and strength very rapidly; next night she became agitated, tossed about in her bed; the pupils were dilated and immoveable, the sight confused, restless expression of countenance, with sunken features, lips dry and red, tongue yellow in the centre and red at the edges, painful to the touch. Voice weak, pain in swallowing, with a sensation of constriction of the throat, anorexia, thirst, nausea, soreness in the whole of the abdomen, which was hard and sunk. Bowels very costive, enuresis with turbid brownish red urine. She was ordered to cease nursing, and to have an enema of tepid water, *belladonna* 6th, and *pulsatilla* 6th, to be administered alternately every third hour.

24. 6 o'clock morn.—Slept well last night, has had 3 stools, complains of a burning pain in the urethra before and during the emission of urine, pain in the back when touched; pulse 120, small and feeble; skin dry and hot, with great internal heat, soreness of the knees; shivering with thirst, heat, and tenderness at the hypogastrium; vomiting of green bilious matter; after drinking anything, spasmodic hiccup, lasting for nearly half an hour at a time, and occurring frequently; great dejection of spirits, afraid of being moved or touched. *Cannabis* and *Belladonna*, dil. 6th, to be taken alternately every 3 hours. By 9 o'clock evening, the urine became clear, with purulent sediment.

25.—The urine is much clearer, with pellucid gelatinous sediment, and a few red streaks; *cont. med.* At night she wished to have her clothes shifted; and on the 26th, the urine was devoid of smell, and had become red like blood. No thirst or pain in the body; pulse 140-150, irregular and very weak; vomiting of all liquids, distressing hiccup, hippocratic coun-

tenance, great prostration of strength; eyes dull, with yellowish sclerotic; dry, glazed, chapped, bluish tongue and lips, which were covered with small yellowish vesicles. A similar eruption round the nose, with burning and itching of the nostrils; dysphagia; throbbing in the hypogastric region; clonic spasms of the fingers and toes; coldness of the whole skin, with clammy perspiration; speaks in a whisper. *Arsenicum*, dil. 6th, every 2 hours, alternately with *Phosphor. acid* 6th.

27.—During the night the patient appeared so near her death, that a clergyman was called and administered to her the last rites of her church, and recommended that another medical attendant be sought for. The patient's friends, however, determined to trust to me.

28.—She was this morning visited at my request by my friend Dr Black. On examination, the uterus and vagina were quite natural; by pressure upon the vesica, with a little effort, urine mixed with clotted blood was discharged from the urethra, the smell of which was gangrenous; pulse 150, weak, with the same symptoms as reported upon the 25th. The patient thought herself dying. She was ordered a dose of *Cantharides* 6th, every 2 hours, and to be allowed beef-tea, also an occasional tea-spoonful of weak spirits and water. At 7 o'clock P. M. her face became more serene, the hiccup diminished, and she had a little refreshing sleep. No coagula in the urine, pulse stronger, *Canth.* to be continued every 4 hours, and a dose of *Arsenicum* to be given at midnight.

29. 10 o'clock, A.M.—Slumbered several times during the night; pulse 120, weak and soft; has had no vomiting or hiccup since midnight. Urine yellowish, muddy, with purulent sediment, scanty, with a strong ammoniacal odour; reddened litmus paper, when dipped into it, became blue. Voice feeble and trembling; complains of difficult deglutition, with sensation of burning and strangulation in the throat; feels thirsty, but refuses to drink. *Cont. canth.* 4ª *q. q. h.;* the beef-tea to be continued, the spirits and water to be suspended.

Evening, 9 o'clock.—Pulse slower and stronger; urine pink and fetid; complains of dryness and pain in the throat after deglutition, great weakness; tongue covered with small foul

ulcers. A dose of *Canth.* 3, to be given at 11 o'clock, and then *Ars.* 6th every 4 hours.

31.—Slept very well, but feels weak; was, however, up for a few minutes at the fireside, and took cakes and milk to her breakfast. Pulse 120, pretty strong, urine yellow, slightly muddy, with red streaks. The eruption around the lips and nose begins to blacken and dry up; the ulcers on the tongue cleaner, countenance more cheerful, voice stronger; pain and sensation of scraping in the pharynx after deglutition. Bowels very costive. *Belladonna* 6th, one dose, and in the evening an enema of tepid water.

November 1.—Did not sleep well, pulse 112, had one stool, throat better; smarting during micturition, urine clearer. *Ars.* and *Canth.* alternately.

2.—Slept well, looks much refreshed, features rounder and more natural; appetite returning; urine ammoniacal, with slight purulent sediment. *Cont. medicamenta.*

8.—To this date she has been steadily improving, appetite good, pulse 96, and pretty strong; urine ammoniacal, with a very slight sediment of yellow pus. She had during this period 2 doses of *Nux. v.* 3th, and a tepid water enema on account of costiveness, and then *China* 6th, to check her tendency to perspire after eating.

9.—Pulse 92, urine slightly red, litmus paper faintly reddened by it; red streaks at the bottom of the vessel. Whenever she gets up, the flow of urine mixed with red streaks is increased. Distension and fulness of the abdomen, flatulence, borborygmus. *Carbo. v.* 6th, and next morning *Canth.*

10. Pulse 88.—Urine brownish but no sediment, but again ammoniacal, enuresis, but no pain; bowels costive. *Lach.* 7.

14.—Continues to gain strength, and is able to walk a very little; bowels regular, urine almost natural. *China* 6, 3 times a-day.

22.—Is so much better, as to have been able to be out of bed for two days.

23.—Has been attacked with rigors; pulse 120 full; breast tense, hot, and painful. These symptoms were soon checked by means of *Acon.*, *Coff.*, and then *Bell.*, so that by the 28th she was able to nurse with ease.

It was very striking to observe the gradual and rapid return of strength: the hiccup, vomiting, and all other signs of hectic fever indicative of suppuration of some important internal organ disappeared in five days; the small phagadenic ulcers round the lips and on the margin of the tongue, healed up in the course of eleven days; the ammoniacal urine became acid in nine days; the alvine secretions became quite normal after the administration of only two enemata of tepid water.

Since then she has completely recovered under the administration of *Nux. v.*, *Calc.*, *Phos.*, and *Sil.* The power to retain urine is perfect, and she enjoys good health in every respect.

ACCOUNT OF THE EDINBURGH HOMŒOPATHIC DISPENSARY.

Physicians, Dr J. Rutherfurd Russell, and Dr Black.

This institution was opened about the end of October 1841. It had been previously occupied by allopathic physicians, to whose dispensary practice we succeeded. It is situated in Stockbridge, and, although remote, is sufficiently accessible. The first applicants for advice all lived in the vicinity, and the majority of cases being acute, required us to visit the patients. At the very outset, we had to treat some of the most severe and dangerons forms of disease; and the success we met with was such as to increase our confidence, and win that of the patients, in the efficacy of the homœopathic method. The fruits of the patients' confidence soon appeared in the gradual increase of the numbers, especially of chronic cases. These became, about the end of the first year, so numerous, and our own time became so occupied by other engagements, that we were reluctantly compelled to desist from visiting out-door patients, and after that period prescribed only for those who could personally attend. This accounts for the fluctuation of the number of patients which took place about that time. In an institution like this, where the patients are so numerous, and to which they come from so far, it is impossible to arrive at the result of a majority of the cases. For it is hardly to be expected that persons in the lower ranks of life will sacrifice

their time merely to report themselves cured. Hence, the great and steady increase of the numbers, proving, as it does, the increasing confidence in the system, is the only proof we can give at present of the efficacy of the institution.

Table shewing the number of Cases entered at the Dispensary in each of the months, from November 1841 *to October* 1843, *inclusive.*

FIRST DISPENSARY YEAR.		SECOND DISPENSARY YEAR.	
1841.		1842.	
November,	77	November,	36
December,	79	December,	61
1842.		1843.	
January,	51	January,	125
February,	65	February,	167
March,	62	March,	258
April,	57	April,	200
May,	55	May,	242
June,	48	June,	302
July,	40	July,	352
August,	58	August,	388
September,	67	September,	370
October,	79	October,	264
Total,	738	Total,	2765

Making as the whole number of patients treated since the opening of the institution to the end of October 1843 to be 3403.

On a comparison of the two years, it will be found that there has been an increase in the second year of 374 per cent.

Table shewing the absolute and relative number of patients residing in Edinburgh, Leith, and other places.

First Year.	Absolute No.	Per Cent.	Second Year.	Absolute No.	Per Cent.
Edinburgh,	681	92.25	Edinburgh,	2104	76.09
Leith,	26	3.52	Leith,	518	18.74
Other places,	31	4.20	Other places,	143*	5.17
Total,	738	99.97	Total,	2765	100.00

* The distance travelled by many of the patients is very great. We observe that there have been 23 from Musselburgh; 12 from Linlithgow; 7 from Stirlingshire; 4 from Fife; 4 from Haddington; 3 from Dundee; 3 from Forfar, and 3 from Falkirk.

It is interesting to note, that although the distance from Leith to the Dispensary is considerable, the number of patients coming thence is *greater* in proportion to the population than even in Edinburgh.

We have occasionally had the assistance of students of Homœopathy in the Dispensary, some of whom are now engaged in homœopathic practice elsewhere; and of late we have had the co-operation of Dr F. W. Irvine, whose high accomplishments require no praise of ours, and of Dr Wielobycki, whose talents and unwearied energy make his aid invaluable.

And, we trust, that as Homœopathy becomes better known, we shall have a larger attendance of students, many of whom are withheld by ignorance, others deterred by the distance, and still more by the dread of college censure.

The following is our plan of management. Each patient on applying receives a ticket with his name and address on the one side, and the following directions on the other:—

RULES FOR DIET.

Take no Tea, Coffee, Spirits, Porter, or Ale. No Sour Drinks, or Salted Meat or Fish.
For BREAKFAST, take Sweet Milk with Bread or Porridge, or Cocoa.
Take no Pepper or Mustard at DINNER.
Take for SUPPER, the same sort of food as was taken for Breakfast.
Tobacco must be given up, or used in great moderation.

DIRECTIONS FOR TAKING MEDICINES.

Dissolve each Powder separately in Spoonfuls of Cold Water which has previously been boiled, and take Spoonful Night and Morning.
Wait Days between each Powder.

One hour at least must be allowed to pass between taking Food and Medicine.

☞ *To return on*

This ticket is brought by the patient every time he comes, the case corresponding to it is looked out, and taken into one of the rooms, where the patients are seen. The patients are seen one at a time, the new and old in separate apartments; the cases of all are written down and arranged alphabetically.

The expense for medicine this year is about L.11, which gives about one penny as the average cost of medicine for each patient.

REVIEW.

Bericht über Pharmacologie im Jahre 1842. Von Professor DIERBACH in Heidelberg.
Report on Pharmacology for the year 1842. By Professor DIERBACH of Heidelberg.

In taking a survey of the recent contributions to therapeutics, one cannot fail to be struck with the fact, that there is an unconscious approximation by all worthy contributors, excluding, of course, from such a list, mere barren classifiers, towards the central propositions of Homœopathy; and while few have as yet made the final step, and acknowledged the fundamental dogma of our science, many have approached so near to it, that we cannot doubt but that ere long there will be a very general assertion of the doctrine of Hahnemann by those who have made therapeutics their peculiar study. Indeed, we shall shew that, although no *one* has frankly admitted *all* the propositions of Homœopathy, yet each has striven to establish some particular point of our system, and by uniting various writers, we could construct a suitable homœopathic treatise on therapeutics. For example, one has given us an analysis of the sources of the present Materia Medica,—a task which Hahnemann thought of so much importance as himself to undertake. We have, by another, a treatise on the relation of chemistry to medicine. Then various papers, containing a full discussion of the necessity of proving medicines on the healthy; and one distinguished clinical professor has proved experimentally the important fact, that doses so small as to be called infinitesimal, cure diseases, and produce very remarkable effects. We have, moreover, an excellent article on polypharmacy,—on the mixing of drugs,—shewing its inconvenience and mischief. All these topics have been handled; and, as we shall see in the sequel, some of them very well handled by writers of the Allopathic school, who had no mind to advance Homœopathy at all,—nay who, in the case of several, oppose it most bitterly.

"On no department of medicine, says C. Pfeufer (Beitrage zur Heilmittellehre, Zurichen Zeitschrift, Bll. I. s. 48), are the opinions of men of penetration so unanimous as on the doctrines of therapeutics. Every one admits that the multitude of these evinces how superficial our knowledge is; new medicines, more especially newly discovered chemical preparations, if they are only very nauseous and very poisonous, are most readily accepted by those physicians who have not patience and perseverance enough to learn the action of old ones. Our confidence in what are really good is altogether shaken by the praises that are lavished upon something new and useless, so that it would be much better if we could learn to forget what was taught us in lectures on Materia Medica, and systematic treatises on therapeutics." He adds the remark, with which Professor Von Dierbach, who writes the report upon therapeutics, fully agrees,—"that those physicians deserve thanks who, even in the most urgent cases, preferred doing nothing to ordering medicines of whose action they were ignorant, and which might add new danger to that which already existed."

It would seem, from this quotation, that the more scientific part of the profession are becoming alive to the great danger of employing energetic and uncertain remedies. This was the starting point of Hahnemann. Let us see whether others follow up all the course of his investigation. How are we to be more certain in the exhibition of medicines?

One of the greatest objections to ordinary practice made by Hahnemann, was the mixing of various drugs. We shall see that this objection is again raised by modern writers. Dr Forget has some very good remarks upon the *abuse of medicines, or polypharmacy* (Bulletin general de Therapeut., Med. et Chir., Oct. 1842, p. 241). This abuse consists either in giving too complicated medicines, from prescriptions afforded by pharmacopæias, &c., in giving a variety of simple medicines, or in changing the medicine too frequently.

The greatest practitioners of all ages have denounced this abuse of medicine. The complicated polypharmacy was unknown to the physicians of the Hippocratic school, and Hippocrates zealously warned against the too frequent change

of medicine (Aphorism. Sect. 2d, Aphor. 52). Both Galen and Celsus also condemned the polypharmacy. The polypharmacy was an invention of the Arabians and chemists; and hence the sarcastic Guy Patin called the polypharmists of his age *Arabian Cooks*. This abuse, nevertheless, has continued down to our own time; and even the gifted Sydenham defended it by saying, that all plants were more efficacious when combined than when given singly. If there be a certain number of indications to be fulfilled, each ingredient contributes its share to the fulfilment, and, of necessity, the more ingredients, the greater will be the virtue of the compound! At the same time, Sydenham admits that *specific* medicines will be more certain in their operation, the more simply they are administered. He had, however, no great faith in specifics. The chief disadvantages of this abuse of medicine are, *first*, the *Chemical*. In many cases, mixture must cause decomposition, and the formation of a new, unknown, perhaps inert—perhaps dangerous product; *second*, the *Pharmaceutical*. The formation in the mixture of various deposits, and other inconveniences, which render the mixture offensive to all the senses. The third and worst disadvantage, however, is the *therapeutical*, which is of two kinds: the substances united may mutually counteract and disturb each other's operation; and if good or mischief be done, it will be impossible to know to which of the ingredients the effect is ascribable, or whether it be to the compound whole. This drug-mixing thus frustrates experience. The simpler the medicines employed, the seldomer they are ordered, the safer and clearer will be our judgment on their effects. Dr Forget then states the cases in which mixed medicines are allowable: "1*st*, When a given mixture has always shewn itself useful. This, we may observe, is a therapeutic simple. We may regard James' powder, for example, as a simple in estimating its operation just as much as we may regard opium as such. We know its effect *qua* James' powder; we do not guess at the probable result of such a combination of known materials. 2*d*, If different substances are mixed, each of which produces a given effect, this, however, requires very great prudence." We cannot admit this at all; the links which unite the various parts of

the animal frame are so fine, intricate, and numerous, that we never can act on one part without incurring the risk of affecting others. "3*d*, Substances may be mixed so as to produce a combined effect, which singly they would not do." If this combined or resultant action be known, it must have been ascertained by experiments with the combination, for we never can guess the total physiological action of a compound of two known substances, any more than from the taste of lead and vinegar we could predict that of sugar of lead; and if the action of the compound have been experimentally discovered, then, as before shewn, it assumes a place as a therapeutic simple, just like hepar. sulph. calc., or orpiment. "4*th*, Substances may be combined to increase the activity of an ingredient, as by adding sulphuric acid to sulphate of quinine." If this addition form only a more soluble chemical salt, of course there can be no harm in it. It is a pharmaceutic, not a therapeutic, addition. "5*th*, A medicine may be added to another to allay the severity of its action." This is much more safely and surely done by diminishing the dose. "6*th*, It may be done for the sake of the form or medium of administration, as in making pills or draughts." If the medicine have no medicinal action, of course it is no more than simple dilution of the substance, as the sugar of milk that is used in homœopathic preparations. Such are the conditions on which Dr Forget allows the mixing of drugs; and we must admit, that the conditions are in themselves very reasonable, and, with the exceptions and explanations we have stated, admissible. If we may take Dr Forget as an index of the course of therapeutics, we shall very soon see great improvement—and be the first to benefit by the change; for hitherto we have been able to profit but little by the experience of others, on account of the difficulty in tracing back the results to their causes.

With regard to Hahnemann's objections to chemistry as a guide in the administration of remedies, it is said that his remarks may have applied to the chemistry of his earlier days, but that there has been so much improvement in that science of late, and the improvement has taken so practical an aspect, that it would be foolish to homologate Hahnemann's sentence.

We find, however, the most melancholy examples every day of most hazardous and mischievous rules of practice, deduced from the captivating speculations of Professor Liebig. As this is a subject of present interest, we shall give, pretty fully, the substance of a paper by Dr Anglada, *On the Relation of Chemistry to Therapeutics* (Journal de la Med. Pratique de Montpellier, Octob. 1842, S. 421.) "The chemists," he observes, "will always be renowned as discoverers of medicines; but when the question comes to be of the application of these medicines, the more they comprehend the enormous gulf that separates their operations from those of animal life, the more modest will they make their pretensions. Bordeu fully agrees with the remark of the celebrated Chaptal (Elem. de Chim., iii. 315), 'that all chemists have misknown the vital principle which continually works on the solids and the fluids, incessantly modifying the impression of external agents, controls all the changes of the constitution, and exhibits phenomena which the chemist, according to the unchanging laws which he has observed in dead matter, is neither in a position to recognise nor to predict.'' A great commentator of Liebig has said, "We frankly confess our decided opinion, chemists though we be, that the present school of analytic chemistry is monstrously deceiving itself regarding the amount of its knowledge of organic substances in life. The truth is, that there is no such thing as an organic chemistry extant—it is only the chemistry of exorganic bodies, a poor enough substitute for that glorious science of living molecules which is to dawn on the minds of physiologists in some future century." Let us return to Dr Angladas' examination of some of the chemical theories. He shews that the action of iron in chlorosis cannot be chemical, because other metals answer the purpose; he might have added the most conclusive proof, that not only do many vegetable medicines effect a cure, but that iron will do so when administered in doses far too minute to allow of us to entertain the idea of its operating chemically. He then examines the chemical theory of Dr Bouchardat, according to whom diabetes mellitus is the consequence of the suppression of the cutaneous transpiration, and on this depends the acid state of the intestinal secretions, and the conversion

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of the starch of the food into sugar, which naturally appears in the urine. The practice founded on this etiology is simple enough. It is, first, the restoration of the cutaneous functions, by clothing in flannel and the administration of opium and carbonate of ammonia; and, secondly, the avoidance of all substances containing gum, starch, &c. The objection to all this is the fact, that marasmus and death seem to be the consequence rather of the immense quantity of urine, which evidently depends on some morbid change in the kidneys, than on the presence of sugar in the urine, and that the chemical cure is not directed against this condition of the kidneys at all, but only against a constant though accidental concomitant of the disease. This remark applies pretty extensively to the chemical theories of cures. A similar fate awaits the theory of Dr Kühnholz, who, in cases of hypertrophy of the bones, recommends abstaining from all carbonate of lime. Another equally absurd notion is forbidding all albuminous diet to phthisical patients, because tubercle is imagined to be a form of albumen, and the less albumen that is received the less tubercle will be deposited. When will deluded theorists learn that the animal frame is not a mill, and that until they can explain how all the strange products are formed, from the comparatively simple ingesta, it is most absurd presumption to attempt to regulate these products by alteration in the food? After chemists shall have explained where herbivorous animals get the phosphorus and lime for their bones, they may attempt to modify the quantity of these substances by regulating the supply of those which contribute them.

Dr Schmidt of Vienna has written a paper on the preparation of a Materia Medica. This he would divide into two parts, the *pure* and the *applicate*. The first is to represent the peculiar powers and properties of the medicines without any reference to their action on disease. The second, or practical part, consists in laying down rules for the application of medicines in disease. The source of the first part of the work must be the proving of medicines in their pure state as recommended by Hahnemann and pursued by his followers. But the application of the medicine in disease is required to give precision to the ambiguous indications, and also to complete

the representation of its action. On the proving of medicines on the healthy body, several papers have appeared. There is a very good one by Dr Nehrer of Vienna. (Med. Jahrbücher des K. K. Oester. Staates, Aug. 1842.) In this paper he insists on the necessity of the proving of medicine as the only method by which we can ever arrive certainly at specifics. It is not necessary to enter fully into a consideration of this paper, as its propositions are universally received by homœopathists.

It is perhaps scarcely worth while to notice the diatribe of Dr Scharlau of Steten, who is known as a sort of bloodhound, whose sole office and delight is hunting down distinguished men. Last year he published an unmeasured attack on Schönlein, denouncing him as the most ignorant and mischievous practitioner. His style is so like that in vogue with us now, but for the most part antiquated in Germany, that an example may be interesting. "All statements of Hahnemann," he says, "and his disciples on the action of medicines on those in health, are the offspring of lies and self-deception. The newest book by Drs Trinks and Noack is the *non plus ultra* of falsehood and contradiction. The principle, '*Similia similibus curantur*,' is nonsense. There is not, and cannot be, a specific medicine in the homœopathic sense of the word." One might really believe they were listening to a home-oracle, the propositions are so uncontrovertible—the statements so undeniable—the language so choice and refined.

The next point of special interest to us is the subject of the efficacy of small doses. This has been investigated by Professor Nasse. (Med. Correspond. Rheinischer und Westphälischer Aerzte, Sept. 1842.) He found that in many cases small doses of cinchona cured intermittent fever more certainly than large. He also observed that children who had taken the 1-40th or 1-60th of a grain of belladonna as a prophylactic against scarlet fever, were unusually restless the following night, and that, contrary to their habit, they spoke much in their sleep, besides presenting many other symptoms which placed the reality of the effect of these small doses beyond all doubt. Among many other explanations which may be offered of the fact, there is one which our author especially points out. It is, that only that portion of a substance which the system does

not assimilate, can be regarded either as a medicine or as a poison." Of eight parts of cinchona, six or seven may be assimilated, and only one or two act as a specific medicine. The chief advantage of small doses consists in this,—that they leave more freedom to the vital reaction of the part, and the more this can be reckoned on in any case, the greater ought our confidence to be in their efficacy. The nearer the disease is to a natural crisis, the less the quantity of medicine required to produce it. Large doses are often injurious by raising the disease beyond that point where cure would have been effected had smaller doses been employed. We think there is much soundness and truth in these observations; and are much pleased that the very obscure subject of small doses should be scientifically investigated by those who are not professed homœopaths, as their decision will have more weight, and their investigation be free from any of those hypotheses which are apt to bewilder and prejudice the researches of homœopathic observers and writers.

This seems the proper place for adverting to the experiments of Dr Arnold of Heidelberg. (Hygæa, Bd. 17, Heft 1, p. 56.) The following are the conclusions he comes to as to the strength, continuance, and quickness of the action of strychnia in different doses:—

1. If half a grain of strychnia be administered to a frog, tetanus comes on after 7 minutes,—it is often observed earlier. The spasm returns at short intervals till death, at first increasing in strength, and afterwards decreasing. It is particularly excited by the influence of irritants on the skin, but it also comes on without these, when the action has reached a certain degree of intensity. In many cases death ensues after 45 minutes, but often not until from one hour to one hour and a half, and sometimes later.

2. After a dose of $\frac{1}{10}$th gr. of strychnia, tetanus comes on in about 7 minutes; but it does not reach its greatest intensity till later, and lasts longer, because the animal is less quickly killed.

3. On giving $\frac{1}{100}$th of a grain of strychnia, I observed tetanus 10 minutes afterwards. This was the case with a frog

of middle size, whilst $\frac{1}{10}$th of a grain had brought on tetanus, after 7 minutes, on frogs of the same size. In some experiments I observed the spasm in 11 minutes after having administered $\frac{1}{100}$th of a grain of strychnia; in a large frog tetanus did not come on perfectly till after 22 minutes. In one strong frog, in which I allowed the poison to work itself out, without trying other experiments, tetanus was in full intensity 24 hours after $\frac{1}{100}$th of a grain of strychnia being administered; from that time it decreased, but after 48 hours, was still fully pronounced; 54 hours afterwards, I found the animal dead.

4. Likewise $\frac{1}{10,000}$th of a grain of strychnia produces tetanus in frogs. This dose, brought it on in some young frogs, in from 7 to 12 minutes, and it was very violent after two hours; decreased in intensity after 4 hours,—from that time became weaker, and, by degrees, the movements became more voluntary, till after 7 hours, no change was observable in the animal, except somewhat greater irritability and relaxation. The action is less in strong fully grown animals. In one experiment, after one hour, I observed a mechanical irritability of the skin, followed by a slight tetanic extension, and altogether the spasm did not reach a high degree of intensity.

5. On giving $\frac{1}{1,000,000}$th of a grain, after half an hour or more, the irritability is somewhat increased, but I have never observed spasm in strong, full grown animals. But in one frog, which the day before was tetanic for some hours after $\frac{1}{10,000}$th of a grain of strychnia being administered to it, but which had quite recovered, a slight tetanic attack came on in half an hour after receiving $\frac{1}{1,000,000}$th of a grain of strychnia, which ended in the death of the animal after some hours.

Some interesting experiments have been made by Dr Coze (*Comptes Rendus*, vol. xv. part 15, p. 746), on the different organs affected by drugs of different character. He gives, as his general results, the following conclusions: 1*st*, That volatile substances, when swallowed, are excreted by those organs which have the property of absorbing gases and vapours, as the lungs and skin. 2*d*, That substances containing products (stoffe) identical with those occurring in the secretion of any

organ, are always excreted by that organ. 3*d*, That substances, however administered, always direct their action on those organs which naturally contain them. 4*th*, That substances not contained in the system—as, for example, certain acids—always follow what may be regarded *as a chemical course*, and are eliminated by those organs which normally secrete an acid. Dr Coze has as yet only given us his general conclusions. He proposes afterwards to lay before the Academy his experiments fully detailed. We cannot but look upon them as of a promising nature, and highly interesting to uses pecially.

NOTICES OF BOOKS AND PAPERS.

Die Wirkung der Arzneimittel und Gifte im gesunden thierischen körper, nach fremden und eigenen Beobachtungen bearbeitet, von Dr Carl Wibmer.—The effects of Medicines and Poisons on the healthy animal body, from his own observations and those of others. By Dr Carl Wibmer.

This work is in five volumes 8vo, and contains an account of experiments made on men and animals, with the various substances arranged in alphabetical order. It seems the fruit of great erudition and research, and the references to the original authorities are very fully given. The first volume was published in 1831, the last in 1842.

CINCHONA AND SULPHATE OF QUININE.

Among the particular medicines whose properties have been carefully investigated of late, cinchona bark and the sulphate of quinine hold a prominent place.

The most elaborate and complete treatise on the sulphate of quinine is that of Dr Alphons Noack. Besides containing a carefully written account of the history of the drug, and a full exhibition of its effects, both in those on health and on those in disease, it is additionally valuable by presenting a comparative view of the difference between cinchona and

quinine. The general interest this paper has excited in Germany is an encouraging proof that the labours of homœopathic physicians, when scientifically conducted, cannot fail to attract the attention of, and may prove of use to, the profession at large.

While on the subject of sulphate of quinine, we may notice the Harlem prize essay upon this substance by Dr Witmann of Mayence. One of the conclusions which he comes to, is, that sulphate of quinine, especially in large doses, has the power of exciting symptoms of fever—as shewn by some of his own experiments, as well as would seem to be implied by several vague expressions of Magendie and Elliotson about the high state of excitement and affection of the heart.

As one of the effects of sulphate of quinine, observed by Dr Lugeol of Havana (Bull. Gen. de Therap. t. xxii. p. 181), was deafness. This he observed in three instances. In the case of a girl of 11 years of age, who, on two several occasions, got a large dose of this preparation, and on both occasions it was succeeded by perfect deafness, which gradually subsided—the first time the salt was given to cure an attack of ague, the second time to prevent it. The other person was a ship captain, who took rather a strong dose to cure a quotidian fever, and soon after became for some days perfectly deaf. Deafness and ringing in the ears, and diarrhœa, were also observed to be almost constant symptoms, from the administration of sulphate of quinine, as used in a large scale in the treatment of typhus fever, by Dr Broqua, in the Hôtel Dieu at Paris, (Archiv General de Med. Sept. 1842, p. 5–27.) Dr Wittche (Med. Zeit. vom Verein für Heilkunde in Preussen, 1842, p. 93) has given an account of the valuable effects of the sulphate of quinine, in numerous affections which seem to depend on some affection of the spinal marrow. The great objection to all his observations, however, is, that he did not give the substance by itself, but in combination with other powerful remedies.

BEBEERU BARK.

The bark of the Bebeeru tree, and a sulphate of the alkaloid bebeerine, were sent first by Mr Rodie from Demerara,

and its properties, chemical and medicinal, have been carefully examined by Dr Douglas Maclagan of Edinburgh.

The tree yielding this bark is unknown. The bark itself is distinguished by its strong persistent bitter astringent taste, its cinamon-brown colour, and its want of aroma, pungency, and acrimony. Its peculiar constituents are, first *Bebeerine*, which is soluble in alcohol and ether, of a strongly bitter taste, and faint yellow colour, becoming more vivid in the addition of sulphuric acid; second, *Sisserine*, which is insoluble in ether, and of a dark shining appearance; and third, *Bebeeric acid*, which is white and crystalline, and deliquescent; it forms sparingly soluble salts, with baryta, lime, and magnesia; deliquescent salts, with potash and soda. It fuses at 300° Fah. and sublimes at 400° Fah. unchanged.

Dr Maclagan relates three cases of intermittent fever in which the sulphate of bebeerine was successfully administered. The first was a case of tertian ague, in which quinine had produced derangement of the stomach; the first dose of bebeerine caused vomiting, but subsequently the patient retained the medicine, and recovered from his ague in five days. The second case was also one of tertian ague—its previous duration is not mentioned. The patient took 40 grains at the rate of 2 grains thrice a day, and the disease yielded without his ever having been confined to the house. In the third case, the patient had long been subject to annual attacks of ague (type not mentioned) of one of which he had been previously cured by Fowler's Arsenical Solution. In 1843, the disease recurred, and was arrested for 7 days by large doses of sulphate of quinine. On its recurrence, he got 5 grains of sulphate of Bebeerine every 4 hours, after taking which, with the exception of one very slight attack, the ague fits did not return. There are now recorded 13 cases of intermittent, which were cured by Bebeerine, but we regret that the specialties of the cases are not given. There is no detail of symptoms,—no notice of the temperament or constitution of the patients; nothing, in short, that can point out the sort of cases for which this remedy is specifically adapted.

Dr Watt of Demerara took 10 grains of the sulphate of Beeberine, and the only symptoms he observed were astrin-

gent taste, causing the tongue to have a leathery feel; and fulness about the ears, but no ringing. A secret medicine, "Warburg's Fever Drops," is believed by Dr Maclagan to be a tincture of Bebeerine. (Transactions of the Royal Society of Edinburgh, vol. xv. part 3; and London and Edinburgh Journal of Medical Science for July and August 1843.)

RHATANY ROOT.

This has been experimented with by Dr Igonnet of Toulouse (Seance publique de la Societé de Toulouse, May 1842, p. 65, et 68). He found it most serviceable in purely asthenic hæmorrhages when the patient was much exhausted; also in chronic diarrhœa and leucorrhœa. Doctors Troussean and Roque found it of great service, when locally applied, in fissures of the anus.

COLOCYNTH

has been the subject of a separate treatise by Dr Heckenberger of Inspruch. It appeared along with the "Wagnerschen Schriften," 1840.

He seems to have proved colocynth in the way recommended by Hahnemann, and, besides the well-known effects of the drug, observed it to have a special effect upon the uterine system. There is a carefully-drawn sketch of the therapeutic action of the substance given, illustrated by characteristic cases. This book forms a valuable addition to our knowledge of the drug, and should not be overlooked by those engaged in revising Hahnemann's Materia Medica.

PETROSELINUM.

This has been investigated in its chemical and therapeutical relations by Dr Peraire (Bulletin Medical de Bordeaux, cap. 3, 1842, p. 228), who ascribes to it great efficacy in curing those forms of intermittent fever which are complicated with abdominal affections. He relates eight cases in which he gave it successfully, in some of which, sulphate of quinine had been tried in vain.

SECALE CORNUTUM.

Dr P. S. Payan has published a memoir on the ergot of

rye (Memoire sur l'ergot de Seigle par Pierre Scion Payan. Ai, 1842, chez Nicot et Aubin) in which he gives the result of his researches on the effects of this substance, as observed in epidemics occasioned by it, and in experiments on its therapeutic applications. Under the latter head he mentions some cases of paraplegia which were cured by its use, and points out its specific action on the spinal column. It produces spasmodic contraction of the paralytic part.

Among other writings on this substance, we may mention those of Dr Favell and Dr Chesman, in the provincial Med. and Chirurg. Journal, vol. 2d, 1842, p. 225,—also a paper by Dr Uberti, which appeared in the Bulletino della Scien. Med., and is extracted in the Gazette Med. de Paris, 1842, No. 32, p. 507.

The first part of series of minute investigations of the origin of the ergot of rye, by Dr Debourge, appeared in the Journal de Med. Pratique de Bordeaux, Mars 1842.

The formation of this substance, a subject both interesting and important to the medical practitioner, is thus explained by that author. The grains, in which it appears first, soften, become very friable, and undergo a species of fermentation, exhaling, at the same time, a very disagreeable smell. Their outer surface is now seen to be intersected with many small furrows, moistened by a whitish, viscous, and saccharine liquor, which reddens turnsol-paper. This liquor exudes in greatest quantities from the summit of the grain, when it agglutinates together all parts of the inflorescence. At this period, the perisperm becomes every where destroyed, except toward the summit, where it is the cause of the greater consistence of the ergot. The outer surface, previously white, now becomes brown, and afterwards black, first in the inferior portion, and then throughout the rest of the grain. The furrows disappear, the grain elongates, and it soon emerges from its outer covering (the glume) in all its distinctive characters. Thus, the formation of the ergot presents two distinct epochs, the first comprising the destruction of the perisperm, the softening, and the saccharine fermentation of the grain; and the second, the period of its assuming its deep colour and morbid enlargement.

It was formerly supposed that the ergot was the result jointly of a mal-development of the germ, and the presence of a parasitic fungus, which, though still hypothetical, has been denominated by some French authors *sphacelia segetum*. But what was considered by these to be the fungus at the superior extremity of the grain, is now shewn by M. Debourge to be only the undestroyed portion of the perisperm, with some part of the hairy epithelium, the decayed stigmata, and sometimes anthers entire, agglutinated together by the viscous discharge. M. Debourge naturally asks how it is that a parasitic body should become marked with a similar longitudinal wrinkle, and covered with the same hairy epithelium, as the grain? The ergot invariably begins to form some time after the inflorescence of the rye and other *gramineæ*, and, for the most part, says M. Debourge, on the grains which are most tardy in their development.—*Gaz. Medicale.*

Eupatorium Perfoliatum. By Dr WILLIAMSON of Philadelphia. (From the "Homœopathic Examiner, vol. iii., August 1843.")

The author having learned that the Eupatorium perfoliatum was employed with success in some kinds of fever, was induced to make experiments upon it for the purpose of discovering its homœopathic application in disease. He mentions, that, in an epidemic which prevailed in the United States about fifty years ago, of which the characteristic symptom was pain in the bones, the *eup. perfol.* was used with such good effect as to procure for it the name of *Bone Set*. Dr Williamson says farther,—"It is remarkable that the *eup. perfol.*, when given in a large dose, produces very copious diaphoresis, and yet one of the indications for its use in intermittent fevers appears to be *inconsiderable perspiration*."

The following are some of the symptoms produced on the healthy body by this plant, and which, though few in number, the author publishes in the hope and expectation that they may prove the commencement of a more elaborate investigation into its pathogenetic properties.

"The cases in which this medicine promises the greatest usefulness appear to be, headache, arising from disordered stomach; fevers attended by *gastric derangement*; intermit-

tent fever; bilious fever; rheumatic affections, attended by perspiration; soreness of the bones; *cachetic condition of body* from frequent or long continued attacks of intermittent and bilious affections; loss of appetite; dyspepsia; indigestion of old people; general debility. (Influenza? Bronchitis?)

Headache, with a sensation of soreness internally, better in the house, aggravated when first going into the open air, and relieved by conversation. Throbbing headache, pain extending from the forehead to the occiput, greatest on the left side.

Eructation of tasteless wind, with a feeling of obstruction in the epigastrium. The sensation of something in the stomach that ought to come up, without the ability to raise it; general shuddering, proceeding from the stomach; *vomiting of bile, with trembling,* attended by *pain in the epigastrium,* with *nausea* and *prostration* in the extreme, even to faintness. Each fit of vomiting is preceded by thirst. Vomiting immediately after drinking; purging stools, with smarting and heat in the anus; tenesmus, with a smart discharge of loose stools; morning diarrhœa; four or five watery stools in a day; barking cough in the evenings; cough, with soreness and heat in the bronchia; cough aggravated in the evening; grating sensation in the chest at every deep inspiration.

Intermittent fever, quotidian or tertian; the paroxy m generally commences in the morning; thirst several hours before the chill, and continues during the chill and heat; the thirst frequently commences in the night, previous to the chill, in tertian ague; stiffness of the fingers during the chill; *soreness in the bones;* aching pain, with moaning, throughout the cold stage; *a greater amount of shivering during the chill than is warranted by the degree of coldness: retching and vomiting of bile from drinking; vomiting after every draught; vomiting at the conclusion of the chill;* distressing pain in the scrobiculus cordis throughout the chill and heat; chill beginning at 9 o'clock in the morning; *throbbing headache during the chill and heat;* violent pain in the head and back before the chill; *inconsiderable perspiration or none at all;* fever in the forenoon, preceded by thirst early in the morning, but no chill; attended by fatiguing cough, and not followed by per-

spiration; loose cough in the intermission; cough in the night previous to the paroxysm; yellowness of the skin."

Dr Williamson gives some particulars regarding five cases in which he administered this medicine with success. They are all of the intermittent type, and characterized by the following symptoms. Chill, lasting for four hours, attended by much shivering and trembling, raging thirst before the chill, and during the chill and heat; vomiting of bile and of whatever is taken into the stomach, with distressing pain in the epigastrium; distracting headache during the heat; cessation of fever about eleven hours after the commencement of the paroxysm, and followed by inconsiderable perspiration. In a case in which the above were the chief symptoms, *arsen.*, *ipec.*, *acon.*, *chin.*, *sulp. quin.*, *verat.*, *antim.*, *sulph.*, *cina.*, and *sabad.*, were given in succession without benefiting the patient; but a complete cure followed the administration of *eup. perfol.* 1, of which a tea-spoonful was taken every hour in the apyrexia.

In other cases, the symptoms slightly varied; the particulars of one may be given. "A. P. was attacked at 8 o'clock A. M. with pain above the right ilium; thirst, and a disposition to yawn; fingers became stiff, with slight coldness; upon taking a drink of water, shuddering commenced immediately; chill lasted two hours and a half; headache, pain in back, and thirst during the chill; nausea as the chill was going off; the headache was increased, but the thirst was diminished during the heat; sensation of great weakness during the fever, so much so, that she could not raise her head from the pillow; trembling in the back, with faintness from motion, during the fever. The fever terminated by moderate perspiration during sleep in the evening. She felt pain in her bones early in the morning before the attack. *Eup. per.* tinct., in water, a tea-spoonful every three hours. Had but the one paroxysm."

Cytisus Laburnum.

The poisonous nature of the seed-pod and leaf of the common laburnum (*Cytisus laburnum*), has long been known to

the medical profession; but till the publication of a paper in the October number of the Edinburgh Medical and Surgical Journal, by Dr Christison, of which the following is an abstract, they seem to have been ignorant that any active properties resided in the bark.

A farm servant, in the parish of Dornoch, in Ross-shire, resolved to gratify his resentment against the cook, by administering something which might cause vomiting or purging. On consulting an acquaintance, he was told that, if he gave a piece of the bark of the laburnum, vomiting would be excited: he accordingly, therefore, cut from off a laburnum tree a small portion of the bark, and put it, in its dry state, into the cook's broth. When partaking of it she remarked, that there was "a strong peculiar taste in the broth which it ought not to have had:" she almost immediately afterwards became ill, and in five minutes was attacked with retching and vomiting, which continued without intermission during the remainder of that and the whole of the subsequent day, accompanied with shivering, pain in the stomach and bowels, and great prostration of strength; on the morning of the second day, severe purging took place. In a few days she recovered so far as to be enabled to resume her occupations: sickness, vomiting, and purging, however, were almost of daily occurrence: she complained of pains in her abdomen, and rapidly lost flesh and strength. These symptoms, with scarcely any intermission, continued for six months, when Dr Ross was sent for to make an official investigation of her case. She was found by that physician in the following condition: great gastro-intestinal irritation causing vomiting, principally after meals, pains in the abdomen increased by pressure, diarrhœa, with tenesmus and slightly sanguinolent stools, and flatulent distension of the belly; also great debility, impaired appetite, hurried and laborious respiration, frequent and easily excitable pulse, strong bellow's sound over the roots of the large vessels at the heart, a pale countenance, bloodless lips, and a pale glazed tongue. A careful examination was made to ascertain whether there was any organic disease in any of the abdominal viscera, but no appearance of such was discovered, except in the intestinal canal. The woman's

recovery was gradual and very slow: a year from the administration of the poison had elapsed before the effects had quite passed away.

HOMŒOPATHIC INTELLIGENCE.

ON THE DISMISSAL OF MR NEWMAN FROM WELL'S POOR-LAW UNION.

[We transcribe from the appendix to Mr Newman's pamphlet, the subjoined correspondence, which is now attracting considerable attention, as being one of the first cases in which homœopathic practitioners have been brought into collision with the Government. We offer no comment on it in this Number, as we have neither time nor space to enter so fully into the merits of the case as its importance and complexity would require. We propose, however, to do this in the next Number; but, in the mean time, we cannot refrain from expressing our sympathy with Mr Newman, and of offering our congratulations on those spontaneous expressions of attachment and regard which his dismissal have called forth from those best qualified to judge of the success of his practice.]

The appendix runs thus:—

"I would not venture to obtrude myself upon the notice of the public, did I not feel that a mighty principle was attacked in my humble person, and that the greatness of the cause I defend will protect me from the charge of egotism.

Had not persecution driven me to this step, I might still have laboured on in my humble sphere, contented with the knowledge of the blessings that my successful treatment of disease was diffusing around, and with a rapidly-increasing practice and reputation.

The results of my treatment have never been impugned, even by my enemies. The majority of my cases are on record; and hundreds, I might say thousands, of witnesses are ready to come forward, and bear grateful testimony to the benefits they have received at my hands.

Do I mention this in a spirit of boasting? No. All I have done and am doing is due to the excellent system upon which I practise. The same power of doing good instead of evil is within the reach of every medical man who will cast away from him the fetters of prejudice, and unshackled tread the path of truth.

I was educated, like all the present homœopathic practitioners, in the old school, and have every reason to believe that my practice, while pursuing the allopathic method, was commensurate in success with that of others; yet, and all candid medical men will join with me in the confession, when at the bedside of the patient I painfully felt the impotence of our art. Like Hahnemann, "I was tired of the mist of darkness in which I wandered;" but years rolled on ere the light of the true principle of therapeutics broke in upon me.

The first work I read upon Homœopathy was Hahnemann's "Fragmenta de viribus medicamentorum positivis sive observatis in sano corpore." It made but little impression upon me at the time; and I considered it, as it was treated in the medical reviews of the day, but as a subject for ridicule. Some years afterwards, still discontented with the usual methods of treatment, I began to study the subject more attentively, convinced, if Homœopathy *were true,* that it was the long-sought principle that was to establish therapeutics as a system, and that, when other means had confessedly failed, I was justified in giving this a trial, particularly when, at all events, such small doses, if they did not benefit, could scarcely injure my patients. Although I not only doubted, but disbelieved, in the efficacy of such atomic proportions of medicines, I determined to put them to the test. To do so fairly, I carefully followed the directions of Hahnemann in the diagnosis of disease, and chose my remedy with the greatest possible care: the results agreeably disappointed my expectations, and removed my scepticism. I felt convinced, that the law our great Founder had enunciated was an eternal principle of nature, and boldly acted upon it. Success still crowned my endeavours. I found acute diseases rapidly subdued: chronic, which had defied all the imperfect resources of the ancient mode, whether in my hands or those of my medical brethren, gradually, but surely, yield to the same simple means.

Once thoroughly convinced of the truth of the homœopathic principle my path was clear and straightforward, and I fearlessly pursued it, regardless of personal consequences. I recollected my duty as a physician was to heal the sick. Was I then to neglect the great gift Providence had placed in my hands? Was I, knowing I had the means to save, to allow my fellow-creatures to perish, or to linger in suffering, in obedience to conventional forms, or at the voice of authority?—to obey error rather than truth? I dared not do it.

The situation I held, as medical officer to the Glastonbury district of the Wells Union, gave me ample opportunities of proving, not to myself —I was satisfied,—but to the public around me, the beneficial influence of the system I had adopted; and, I may fearlessly assert, no district in the kingdom where the sick are treated upon the old system can produce similar results.

Since I adopted Homœopathy I have attended, in public and private practice, about 7000 cases with the most marked success. The Guardians have marked their approbation of my conduct by a re-election to the office on the 22d of March of this year, by a majority of 17 to 3, and on my dismissal honoured me with an unanimous vote of thanks for my past services; and the poor have evinced their gratitude by their petition to the Poor Law Commissioners for my continuance as medical officer.

Moreover, the subject is exciting the greatest possible attention among the public; they cannot disbelieve the evidence of their senses; and in

this part of the country, at least, the system is rapidly gaining ground. May not I indulge a hope, that the statement here offered to their notice may induce others of my medical brethren to give the subject the attention it deserves, and thereby reap the rich reward that I at present enjoy, in an approving conscience and the confidence of my patients! It is one of my most earnest wishes.

I shall now proceed to a plain detail of the intrigues which ended in my dismissal by the Poor Law Commissioners, contrary to the strongly expressed wishes of the Guardians of the Wells Poor Law Union, and reserve any remarks I have to make thereon to follow the correspondence.

A few years ago Mr Frederick Gale, surgeon at Glastonbury, intending to retire from the profession, wished to dispose of his practice to me, but I declined purchasing it. Shortly after, I found he had circulated a report that I had adopted the homœopathic system, doubtless with the intention of prejudicing his patients against me. Lord J. Thynne, rector of Walton and Street, wrote to Dr Stone of London for a person to succeed Mr Gale, offering him his patronage. When Mr Malton came down for that purpose, his lordship not only wrote to the private patients of other medical men, soliciting them to employ Mr Malton, but actually gave that gentleman letters of introduction to some of them. It appears, however, that the practice he obtained did not answer his expectations, and then began the intrigues to obtain my dismissal from the situation of medical officer of the Union, with the object of supplying the vacancy with Mr Malton.

The first attempt was made, as nearly as I can recollect, in November 1842, by Mr Gale complaining to the Board of Guardians that I was adopting the homœopathic system of medicine, one not recognised by any college in Europe, and that the poor ought not to be treated in that manner. The Guardians very properly declined interference in the matter; and this having failed, he sent copies of his letters to the Poor Law Commissioners, who, thereupon, wrote to the Guardians, requesting to be informed of the truth of the statement. (No. II.) The Guardians replied that they were perfectly satisfied with me, and that no complaint of my skill or attention had ever been made to them since I held the office, a period of six years and a half, and forwarded my reply, in which I avowed my mode of practice, and sent the results of my treatment for the year 1842. (No. III.) The Commissioners acknowledged the receipt of the letter, and again objected to me on the same grounds. (No. IV.)

In March, the period for which I had engaged having expired, I was re-elected by a large majority, seventeen to three. Afterwards Mr Tuffnell, assistant Poor Law Commissioner, came to the Board to inquire into the circumstances, when the Guardians stated that they were from experience perfectly satisfied with me, and that they would take upon themselves the responsibility of my election, and accordingly the Poor Law Commissioners confirmed my appointment.

Mr Gale having failed, Lord J. Thynne entered the field, first writing to Sir Henry Halford, and then forwarding a memorial to the Poor Law Commissioners, stated to be from four resident clergymen of the parishes contained in the Union, of whom Lord J. Thynne is one, of which, although a public document, the Guardians have not, after repeated applications to the above-mentioned functionaries, been able to obtain a copy. I cannot, therefore, ascertain the names of the other three clergymen. The result was a reference by the Commissioners to the College of Physicians, who having, of course, given their opinions against my mode of practice, (No. VIII.), the Commissioners gave notice that if I did not tender my resignation they would proceed to take steps to remove me. (No. VII.) This I declined doing, and gave the reasons for my refusal in a letter (No. IX.) to the Guardians, which they forwarded to Somerset House, together with a petition for my continuance in office, signed by 838 poor (No. X.) Whereupon an order was issued under the Commissioners' hand and seal for my dismissal (No. XVIII.)

The Guardians did me the honour to request me to continue in office until the latest period the law allowed. Had I not been ineligible by the 48th clause of the New Poor Law Act, in consequence of my dismissal, they would have re-elected me; but, to mark their disapprobation of the course pursued by Lord John Thynne, they appointed Mr Stradling, a perfect stranger, and rejected Mr Malton by a considerable majority—twenty-two votes to seven.

The Guardians also kindly expressed their sense of the services I had rendered the poor during the time I had been their medical officer by an unanimous vote of thanks at their weekly meeting, twenty-nine Guardians present (No. XIX.)

I shall now proceed to lay before the reader the correspondence that took place on the subject.

CORRESPONDENCE, &c.

No. I.

Poor Law Union Office, Wells,
December 28. 1842.

DEAR SIR,

I am directed by the Board of Guardians to hand you the inclosed copy of letter received from the Poor Law Commission Office, and to request you will favour me with a reply to the question therein contained, so that I may transmit a copy of the same to the Poor Law Commissioners after submitting it to our Board. I am, dear Sir, your very obedient servant, HENRY BADCOCKE, *Clerk.*

To George Newman, Esq., Surgeon, Glastonbury.

No. II.

15,833, B.—42. *Poor Law Commission Office, Somerset House, December* 23. 1842.

SIR,

I am directed by the Poor Law Commissioners, with reference to your letter of the 10th ultimo, respecting the complaint of Mr Gale or Street, as to the mode of medical practice pursued by Mr Newman, one of the medical officers of the Wells Union, to request that the Board of Guardians will ascertain whether Mr Newman follows the homœopathic system of medicine in the treatment of his pauper patients, as alleged by Mr Gale. I am, Sir, your most obedient servant, E. CHADWICK,

Secretary.

To H. Badcocke, Esq., Clerk to the Guardians of the Wells Union, Somerset.

No. III. *Jan.* 1. 1843.

In my reply, I stated that I adopted the same method of treatment with my pauper as with my private patients, viz. the homœopathic, and that I could not conscientiously apply any other, being convinced of its great superiority; and, in support of my views, I gave a list of the fatal cases during the year 1842, which were as follows:—

1	Age 69.	Female.	Decay of nature.
1	... 70.	Male.	...
1	... 71.	...	...
1	... 72.	...	...
1	... 73.	...	...
1	... 76.	Female.	...
1	... 77.	...	...
1	... 85.	Male.	...
1	... 62.	Female.	Chronic Bronchitis and Dropsy.
1	... 69.	...	Ditto ditto ditto after Hemorrhage from the Lungs.
1	... 58.	...	Marasmus.
1	... 52.	Male.	Asthma and Dropsy.
1	... 48.	...	Diseased Brain after a blow; he was returned from Bridgewater Infirmary as incurable.
1	... 42.	...	Delirium cum Tremore.
1	... 35.	...	Phthisis and Effusion on the Brain.
1	... 22.	Female.	Paralysis after low fever.
1	... 20.	...	Phthisis.
1	... 20.	Male.	...
1	... 19.	...	...
1	... 16.	Female.	Chronic affection of the Chest, and Effusion on the Brain.
1	... 7.	Male.	Disease of the Mesenteric Glands of three years standing, and Dropsy.
21			No. of cases treated, Paupers, . . 586
			... Private patients, 499
			Total, . . . 1085

No. IV.

Poor Law Commission Office, Somerset House,
February 7, 1843.

SIR,

I am directed by the Poor Law Commissioners to acknowledge the receipt of your letter of the 13th ultimo, inclosing a copy of a letter addressed to yourself by Mr Newman, one of the medical officers of the Wells Union, in which he admits that he follows the homœopathic system of medicine in the treatment of his pauper patients.

In reference thereto, the Commissioners desire to state, that they do not consider the homœopathic mode of treatment as a system of medicine recognised by any legally constituted medical body in this country; and the Commissioners think that the Guardians, with whom the nomination of the persons rests, are, as trustees for the public, not justified in employing medical men who use a system of medicine not so recognised by the legal bodies presiding over the medical profession. I am, Sir, Your most obedient servant,

E. CHADWICK,
Secretary.

To H. Badcocke, Esq., &c. &c.

No. V.

Wells Union, Wells,
March 8. 1843.

DEAR SIR,

I am directed to inform you, that as your present contracts with the Guardians cease and determine on the 25th instant, it was unanimously resolved at a Meeting of the Board held this day, that the appointment of medical officers for a future period will take place on Wednesday, the 22d instant, at 12 o'clock. I am, dear Sir, very truly yours,

HENRY BADCOCKE,
Clerk.

To George Newman, Esq., Surgeon, &c.
Glastonbury.

On the 22d instant, I was re-elected by a vote of 17 to 3, and my appointment sanctioned by the Poor Law Commissioners, after a special inquiry into the matter by Mr Tuffnell, one of the Assistant Poor Law Commissioners.

A few weeks afterwards, Lord Thynne sent the memorial, with a copy of a letter from Sir H. Halford, which caused the following correspondence, &c.—

No. VI.

Poor Law Union Office, Wells,
July 6. 1843.

DEAR SIR,

I am directed by the Board of Guardians to forward, for your information and guidance, the inclosed copies of correspondence from the Poor Law Commissioners and Royal College of Physicians relative

to your system of medical practice, and to request a reply at your early convenience.

I beg to add I have applied to the Poor Law Commissioners for a copy of the memorial sent them by the four resident clergymen alluded to. I am, my dear Sir, faithfully yours, HENRY BADCOCKE,

To George Newman, Esq., Glastonbury. *Clerk.*

No. VII.

9335, B.—43. *Poor Law Commission Office, Somerset House,*

SIR, *July* 1, 1843.

Adverting to the correspondence which has passed between the Poor Law Commissioners, and the Guardians of the Wells Union, on the subject of Mr Newman, one of the medical officers of that Union, following the homœopathic system of medicine, in his treatment of the sick poor under his care, the Commissioners desire to acquaint the Board of Guardians, that, on the 6th June, the Commissioners received a memorial from the resident officiating clergymen of four of the parishes comprised in the medical district for which Mr Newman acts, strongly objecting to his appointment as medical officer on the above-mentioned ground.

The Commissioners having perused the said memorial and reconsidered the subject, it appears to them, that, in their final decision in the matter, was involved a question of a strictly professional character, of such importance as to require the opinion of the highest authority intrusted with the superintendence of medicine in this country. With this view they submitted a statement of the circumstances of Mr Newman's case to the Royal College of Physicians, from whom the Commissioners have received a communication (of which the enclosed is a copy) stating that the College having carefully considered the question proposed to them, are of opinion, that a person who practises exclusively the homœopathic system, is altogether unfit to be appointed to the situation of a medical officer of a Union.

Under these circumstances, the Commissioners deem it their duty to request Mr Newman will forthwith resign his office of medical officer, as if he should not do so, the Commissioners will feel it incumbent on them to remove him therefrom by an order under their hands and seal. I am, Sir, Your most obedient servant, GEORGE CORDE,

To H. Badcocke, Esq., &c. &c. *Assist. Sec.*

No. VIII.

9335, B.—43. *College of Physicians, Pall Mall East,*

GENTLEMEN, *June* 27, 1843.

I am directed by the Royal College of Physicians to inform you, with reference to your letter of the 10th instant (7970, B.—43), that they have carefully considered the question therein proposed to

them, and are of opinion that a person who practises exclusively the homœopathic system, is altogether unfit to be appointed to the situation of medical officer of a Union.

Although such a person may be legally qualified to practise as a surgeon and apothecary, yet if he chooses to adopt a new and unrecognised system, to the utter exclusion of all those methods of treatment which have received the sanction of authority, and are recommended by usage and long experience, it is clear that he must do so under a heavy responsibility, attaching, in the case of a medical officer, not to himself only, but ultimately to the Guardians who appointed him, and the Commissioners who failed to cancel such an appointment. Against a person so practising, unless it were with the full knowledge and consent of his patients, any of them who conceived that he had been improperly treated, and had thereby sustained an injury, might have ground for an action for damages; and if death were to ensue under his care unexpectedly, he might be criminally prosecuted.

But the pauper patients of a Union can neither choose upon what system they will be treated, nor, if they should think themselves or their relatives injured through improper treatment, is it likely that they could find the means of seeking the redress which the laws might possibly award them.

The foregoing considerations appear to the College to be conclusive against the propriety of appointing a person who professes to practise exclusively an unrecognised system to the medical charge of a Union. They deem it unnecessary, therefore, to advert to arguments of a medical nature, which might be adduced to the same effect; and they leave it with confidence to the judgment of the Poor Law Commissioners to decide as to the course which it will be proper for them to pursue in this matter. I have the honour to be, Gentlemen, your most obedient servant, FRANCIS HAWKINS, M.D.

To the Poor Law Commissioners. *Registrar.*

No. IX.

DEAR SIR, *Glastonbury, July* 10, 1843.

In reply to your letter of the 6th instant, containing copies of correspondence from the Poor Law Commissioners and the Royal College of Physicians, relative to my system of medical practice in District No. 2 of the Wells Union, I beg to give the following reasons for not resigning my appointment as medical officer.

1*stly*, Because I am legally qualified to practise as a surgeon and apothecary, and am not aware of any exclusive system of medicine binding on a medical practitioner; but that he is at liberty to adopt, at his discretion, any method of treatment that he considers most beneficial to his patients. It would therefore have been well probably, if the Royal College of Physicians, at the same time that they take upon themselves to

point out the legal consequences of my system of practice, had gone on to state what is the recognised system of practice in this country, that being much more within the range of their inquiries than any legal consequences which may arise from the adoption of any particular mode of medical treatment.

2dly, That I have held the appointment of medical officer to the Union nearly eight years, without any complaint ever being made against me, respecting my professional abilities, or in any other way whatever, and that for more than half that period I have adopted the homœopathic principle in the treatment of disease.

3dly, That I was re-elected as medical officer by the Board of Guardians in April last, by a vote of seventeen to three; and that my appointment was sanctioned and confirmed by the Poor Law Commissioners, after a special inquiry into the subject of my practice by one of their Assistant Commissioners, who said, "under these circumstances the Commissioners do not feel called upon to make any further objections to his continuance in his office of medical officer."

4thly, That the poor of my district are aware of my method of practice, and have expressed themselves perfectly satisfied with my treatment; and are anxious that I should continue as their medical attendant.

5thly, That I have every reason to believe that the memorial from the resident officiating clergymen of four of the parishes comprised in my district, and sent to the Poor Law Commissioners, cannot arise from any anxiety for the welfare of the poor, as my practice has been attended with great success, there being only 21 deaths in 1085 cases last year, but from interested motives; for Lord John Thynne, one of the four officiating clergymen and the principal mover in this case, introduced a medical man into the neighbourhood about two years ago in opposition to me, and, as I have been credibly informed, wrote to the private patients of other medical practitioners recommending this person to their notice, and wishes to obtain the Union for him.

6thly, That the resident officiating clergyman of Glastonbury and also of West Bradley, the late clergyman of Bulliegh and also of Baltonsborough, four parishes in my district, with many other clergymen and laymen of the neighbourhood, have full confidence in my medical treatment, and have placed themselves and families under my care; and that, during the last six months, 1031 persons have applied to me for medical assistance.

7thly, That it is my duty to adopt the homœopathic system of medicine, because the mortality is smaller, the duration of illness shorter, and, consequently, the expense in sickness much less. I think the following facts will prove it. From a statistical table published in No. 3 of the "British Journal of Homœopathy," it appears from the results of sixty-four of the most celebrated allopathic hospitals in Europe, including the Hôtel Dieu at Paris; Charité, Berlin; the General Hospital, Vienna; St Thomas's Hospital, London; and St George's Hospital,

London; and the Royal Infirmary, Edinburgh; that the average mortality is nine per cent., and the mean duration of the disease twenty-nine days: that the results from the Homœopathic Institutions at Leipsic, Vienna, Munich, Brieg in Silesia, and Hungary, that the average mortality is only four per cent., and the mean duration of the disease twenty-one days.

In the treatment of cholera the average mortality was thirty-one per cent. under the old system, and only eight per cent. under the homœopathic. Dr Marenzeller gave the homœopathic medicines to 150,000 persons in Vienna, as a prophylactic treatment, and none of them fell victims to cholera; the same results were gained among 80,000 in Hungary and Poland, and it is the general experience of homœopathists, that, among those who took these medicines and were attacked by cholera, the disease shewed itself in its mildest form; whereas at the same time it attacked with great virulence those who had not undergone the prophylactic treatment. In 1813, typhus fever, a disease which ravaged those countries of Europe which were most visited by the war at that period, 183 patients came under Hahnemann's care in Leipsic, and not one died, while thousands "were allowed to go home to their fathers" under the ordinary modes of treatment. Inflammation of the lungs, according to the statements of Laennec, Sydenham, Andral, and Chomel, is of all acute diseases that which carries off the greatest number of persons, the average mortality being two in five, whilst the treatment of the same disease by homœopathic medicines rarely fails. Again, croup, a most fatal disease under the old system, is most successfully treated by the new method. Hooping-cough, the average duration of which is many months under the old system, is about one month under the homœopathic. Many cases of scrofula and asthma, diseases that are generally considered incurable under the old system, are frequently cured by homœopathic treatment. Vaccination is homœopathic; and with respect to scarlet fever, out of 3741 persons who took the homœopathic medicines as a prophylactic treatment against that disease during its prevalence, only 91 persons were attacked by it, and those mildly. Measles can be prevented in the same manner by homœopathic medicines; and in disease generally in my own practice last year, out of 1085 cases that came under my treatment, only 21 died. What is the inference? Of course, a diminution of the mortality under any treatment being merely the negative statement of the more effectual attainment of the object of all systems of medicine—the restoration of the sick to health, is of such paramount importance, that supposing it to be admitted that the mortality in homœopathic hospitals was, *cæteris paribus*, less than in allopathic, there could no longer be a ground for any controversy; for those who persist in practising any method of medicine which they know to be attended by a greater mortality than some other method within their power, are clearly guilty of the deaths of a given number. Be this number small or great, if it be only a certain number, there is no one who would not shrink from the guilt of even one un-

necessary death. It will not be necessary, therefore, to enter into a computation of the numbers which might be saved were the homœopathic system generally adopted; feeling assured that if it were but believed that more would certainly be saved, the adoption would necessarily follow. I am, dear Sir, yours faithfully,

GEORGE NEWMAN.

To Henry Badcocke, Esq., *Clerk to the Wells Union.*

No. X.

To Her Majesty's Poor Law Commissioners, Somerset House, London.

We, the undersigned, being the poor entitled to parochial relief, residing in the several parishes forming district No. II. of the Wells Union, in the county of Somerset, learn with extreme regret, that an attempt has been made for the removal of Mr Newman from the situation of medical officer of this district, and beg leave to assure you, that we have ever received the utmost attention in sickness from him, and derived the greatest benefit from his medical treatment, and we pray that we may have the advantage and privilege of his attention and treatment extended to us by his continuing in office.

Dated this 10th day of *July* 1843.

Signed by 838 poor.

No. XI.

10,055, B.—42. *Poor Law Commission Office, Somerset House,*

SIR, *July* 17, 1843.

I am directed by the Poor Law Commissioners to state, that they have recently been in communication with the Board of Guardians of the Wells Union as to your fitness for the office of medical officer, on account of your practising exclusively the homœopathic system of medicine, and they request to be informed whether you intend to resign the office of medical officer of the Union which you now hold. I am, Sir, your most obedient servant,

E. CHADWICK, *Secretary.*

George Newman, Esq., Surgeon, Glastonbury.

No. XII.

GENTLEMEN, *Glastonbury, July* 20, 1843.

In answer to your letter of the 17th instant, No. 10,055, B.—42, I beg to inform you, that, in reply to communications received from the Board of Guardians of the Wells Union of the 6th instant, I sent my answer to them, and I find it has been ordered to be transmitted to you. I have the honour to be, Gentlemen, your humble servant,

GEORGE NEWMAN.

To the Poor Law Commissioners, Somerset House, London.

No. XIII.

Poor Law Union Office, Wells,
July 23, 1843.

DEAR SIR,

Your letter was yesterday laid before the Board, and after due consideration of the subject, I was directed to forward a copy of the same to the Poor Law Commissioners, together with the several memorials from the poor and others in your district. I am, dear Sir, very truly yours, HENRY BADCOCKE, *Clerk.*

To George Newman, Esq., Glastonbury.

No. XIV.

10,055, B.—42.
July 17, 1843.

Poor Law Union Office, Wells,
July 23, 1843.

GENTLEMEN,

I beg to acknowledge the receipt of your letter above number and date respecting Mr Newman's system of medical practice, and stating therein that you would communicate with that gentleman on the subject of this correspondence.

I am directed in reply to state, that as Mr Newman has sent his answer to a former request to this Board, the Guardians have instructed me to transmit a copy of the same to you, together with various memorials from the poor and others in Mr Newman's medical district, which I herewith beg to inclose. I have the honour to be, Gentlemen, your very obedient servant, HENRY BADCOCKE, *Clerk.*

To the Poor Law Commissioners, Somerset House, London.

No. XV.

10,339, B.—43.

Poor Law Commission Office, Somerset House,
July 25. 1843.

SIR,

I am directed by the Poor Law Commissioners to acknowledge the receipt of your letter of the 20th instant, and to inform you, that, as you decline to resign the office of medical officer of the Glastonbury District of the Wells Union, which you now hold, the Commissioners will, in accordance with their letter to the Board of Guardians, dated the 1st instant, issue an order removing you from that office.

I am to observe with reference to the observations in the letter which you addressed to the Guardians on the 10th instant, a copy of which has been transmitted to the Commissioners, that, at the time the Commissioners reluctantly acquiesced in your appointment by the Guardians, they had not before them what they are bound to consider as evidence of your unfitness for the office of medical officer, namely, the recorded opinion of the Royal College of Physicians. I am, Sir, your most obedient servant, GEORGE CORDE, *Assist. Sec.*

To George Newman, Esq., Surgeon, Glastonbury.

No. XVI.

Poor Law Union Office, Wells,
August 17. 1843.

DEAR SIR,

I am directed to forward you the inclosed order for your removal from office, under the hands and seal of the Poor Law Commissioners, but which does not come into operation until the 23d instant, fourteen days' notice being requisite after the date of its issue.

In consequence of the above order, notice of the election of a surgeon, &c. for the Glastonbury District has been sent to the "Bristol Mirror," to take place on the 30th instant. I am, therefore, further instructed to hand you the following copy of minutes entered at a meeting of the Board yesterday, and to request you will favour me with an early reply to the same. I am, dear Sir, very truly yours,

HENRY BADCOCKE, *Clerk.*

To George Newman, Esq., Surgeon, Glastonbury.

Moved by Henry Seymour, Esq., seconded by Mr Charles Davies, and carried unanimously, that Mr Newman be requested to attend the sick poor of the Glastonbury District from the 23d to the 30th of August instant.

No. XVII.

DEAR SIR, *Glastonbury, August* 18. 1843.

I beg to acknowledge the receipt of the order for my removal sent by the Poor Law Commissioners, and I will trouble you to convey to the Board of Guardians my thanks for the unanimous wish that I should continue to attend the sick poor of the Glastonbury District from the 23d to the 30th of August instant, which I shall feel much pleasure in doing; and I remain, dear Sir, yours truly, GEORGE NEWMAN.

To Henry Badcocke, Esq., Clerk of the Wells Union.

No. XVIII.

WELLS UNION.

To the Guardians of the Poor of The Wells Union, in the County of Somerset;—To George Newman, one of the Medical Officers of the said Union;—To the Clerk or Clerks to the Justices of the Petty Sessions held for the Division or Divisions in which the said Union is situate;—and to all others whom it may concern.

WE, THE POOR LAW COMMISSIONERS, hereby declare, that we deem George Newman unfit for the office of a Medical Officer of the Wells Union, in the county of Somerset, and in pursuance and execution of the powers and authorities vested in Us, under and by virtue of the Statute made and passed in the fifth year of the reign of his late Majesty King William the Fourth, intituled, "*An Act for the Amendment and better Administration of the Laws relating to the Poor in England and Wales,*" We

do hereby remove him from the said office, and Order and Direct the said George Newman to cease to exercise and perform the powers and duties of the said office.

And We do hereby require the Guardians of the Poor of the said Union, as soon as conveniently may be, to appoint a fit and proper person to be a medical officer of the said Union, in the room of the said George Newman, and to report the said appointment when made, together with the amount of the salary intended to be given to the person so to be appointed a medical officer as aforesaid, to the Poor Law Commissioners.

Given under our hands and seal of office, this fourth day of August, in the Year One Thousand Eight Hundred and Forty-three.

(Signed) GEORGE NICHOLLS.
G. C. LEWIS.
(Seal.) EDMUND W. HEAD.

On the 30th of August Mr Stradling was elected Medical Officer by a large majority of the Guardians, and Mr Malton rejected.

The Guardians passed a severe censure on the arbitrary and unjustifiable conduct of the Poor Law Commissioners, and sent me the following vote of thanks.

No. XIX.

Wells Union, Poor Law Union Office, Wells, September 2, 1843.

MY DEAR SIR,

I have great gratification in handing you the enclosed copy of resolutions and vote of thanks from the Board of Guardians (with the seal of office attached) for your valuable services to the sick poor under your care during the period, seven years and five months, you have been medical officer to this Union. I am, dear Sir, very faithfully yours,

HENRY BADCOCKE.
Clerk to the Guardians.

To George Newman, Esq.,
Surgeon, &c., Glastonbury.

Wells Union.—Copy of Resolutions from the Minutes of the Board of Guardians of the Wells Union, at their Weekly Meeting, held the 30th day of August 1843.

Moved by the Rev. Peter Lewis Parfitt, seconded by Henry Seymour, Esq., and carried unanimously, that a vote of thanks be given by this board to George Newman, Esq., for his attentive, humane, and successful treatment of the sick poor under his care for the last seven years and five months, the period he has been the medical officer of the Glastonbury district of this Union.

Colonel Coles, *Chairman (Ex-officio).*
James Garrod, Esq., *Vice-Chairman.*

Ex-officio Guardians.

General Sir James Bathurst.
The Hon. and Rev. G. Neville Grenville.
The Rev. Canon Barnard.
Thomas Porch Porch, Esq.
Henry Seymour, Esq.

Elected Guardians.

Mr Austin,
Berryman,
Burgess,
Culliford,
Davies,
P. Fry,
Thomas Lax Gilling,
Gould,
Hardwich,
Hippisley,
John Holman,
Mr Richard Holman,
Hayes,
Keen,
Masters,
Rev. P. L. Parfitt,
Mr Perkins,
Powell,
Roach,
Rev. Daniel Tremlett,
Mr Teek,
Watts.

Also, resolved unanimously, that the clerk be directed to transmit a copy of the above resolution to Mr Newman, with the seal of office attached to the same. (Signed) ROBERT BARTLETT COLES, *Chairman.*

Henry Badcocke, Clerk to the Guardians. (Seal).

A copy of the above was sent to the Poor Law Commissioners.

DEAR SIR, *Glastonbury, Sept.* 5, 1843.

I beg to acknowledge the receipt of your letter dated Sept. 2, inclosing copies of resolutions proposed by the Board of Guardians of the Wells Union at their weekly meeting, held the 30th day of August 1843, and for which I wish to convey to the Guardians my warmest sense of gratitude for the vote of thanks therein expressed. I am, dear Sir, yours faithfully, GEO. NEWMAN.

To Henry Badcocke, Esq., Wells.

The reader will perceive that there are no copies of Mr Gale's correspondence, Sir Henry Halford's letter, or the memorial sent up by Lord J. Thynne, and said to be signed by four clergymen. I should have been most happy to have added them had their attainment been practicable.

Of the motives of one man who, because I refused to purchase his practice, turned round and became my accuser; of another, who, forgetting the dignity due to his rank and cloth, condescended to break through the covenances of society and solicit patients for a protegé; or of the medical man who, regardless of the etiquette of the profession, bore round recommendatory missives to other medical men's patients, I shall say nothing. The facts stand on record, and let the public judge them.

I boldly appeal from these proceedings to all honourable men of my

profession, however opposed to me in opinion; I ask them, could any one of them have thus acted? I feel that an indignant "No!" will be the ready response. Granted that an honourable man from principle might have wished my removal and laboured to carry that wish into effect, he would at least have proceeded to the work with clean hands; not acted for the sake of personal aggrandisement or the mean gratification of a petty revenge.

The conduct of the Poor Law Commissioners has been at once arbitrary and unjustifiable, in removing an officer contrary to the wish of the Guardians and of the poor who were placed under his charge. Success is the great test both of a practitioner's skill and of the efficacy of the means he employs to combat disease; yet the poor are taken out of his hands and placed under a system which, however experienced may be the medical man who acts upon it, can never produce results like those which I have stated.

The refusal of the Commissioners to furnish a copy of the memorial to the Guardians, resembles rather the proceedings of the Inquisition or Starchamber than that of those of an English board of authority. Is an individual to be condemned and deprived of his situation without knowing the full extent of the charges against him, or the names of his accusers? Even the very *wording* of such a document might insinuate falsehoods either upon his character or skill, which he, the party attacked, has no means of repelling. At all events, let this apply in my case as it may, the precedent is a most dangerous one.

The letter of the College of Physicians is a tissue of absurdities. A medical man practising a species of hybrid system, if it deserves the name of system, is perfectly eligible. No one who has studied Homœopathy and felt the immense advantages it has given him over disease, can ever return to those methods which his past experience has proved uncertain and fallacious, which are "those methods of treatment which have received the sanction of authority, and are recommended by usage and long experience." Take, for example, bleeding; some boldly bleed to syncope, while others will again only use the lancet in extreme cases, and others denounce it as murder. How very seldom in the most simple cases of disease do we find medical men agreed upon the course to be pursued, or the remedies to be applied! All this fine sounding verbiage amounts to nothing.

I consider that a legal qualification allows an individual to practise and to employ the means best calculated, in his own opinion, to relieve suffering and cure disease. Is free agency in medicine to be bound in the fetters of the College of Physicians—the body that expelled the second Hippocrates, the immortal Sydenham, and persecuted Jenner and Harvey?

With respect to legal liabilities, an action, civil or criminal prosecution, will always hold good for *mala praxis* under any system of medicine. Moreover, all my patients are treated homœopathically with their own "full knowledge and consent."

When Homœopathy, as it must eventually, becomes the established

system, this letter will stand upon record as one of the many great and ridiculous blunders committed by the College of Physicians.

I admit, that although I am glad of what has occurred, as calculated to advance the cause I have so deeply at heart, I did not resign my situation without regret. I could not without pain see those who had so long lived under the mild sway of Homœopathy, by the arbitrary fiat of three irresponsible men sitting in Somerset House, again consigned over to the tender mercies of Allopathy. However, to remedy the evil as much as possible, I have opened an institution for the benefit both of the indigent poor and of those in reduced circumstances, for whose support I respectfully request the aid of the well-wishers to our noble cause. I have been cheered, however, in my retirement from official duties by the expressed approbation of the Guardians, the gratitude of the poor, the pleasing prospect of seeing the science diffusing around me, and the heartfelt consciousness that my labours and the persecutions I have suffered are all tending to the one good result—the dissemination throughout the empire of the doctrine of truth.

Medico-Legal Investigation of Homœopathic Practice in Germany.

In the 21st number of the 24th volume of the *Homœopathische Zeitung*, which we have just received, a case in some respects analogous to Mr Newmann's is related. Want of space prevents us giving the full details, which we shall do in our next number. The following is an outline of the transaction:—Dr Baumgarten of Magdeburg was sent for to see a servant girl named Knoll, whom he found affected with a severe affection of the chest, by which she had been reduced to extreme weakness for fourteen days. He prescribed aconite and belladonna, but pronounced the case nearly hopeless. After transient improvement, she died, five days subsequent to his first visit. Dissection proved the disease to have been hydrothorax. A report of her having been badly used by her master brought on a judicial investigation of the case. The district Medical Board corroborated the allegation of her master's bad treatment, and added that the means employed by Dr Baumgarten were not suited to avert the fatal termination. The College of Medicine of the province, on being referred to, gave it as its sentence, that the patient's disease might have been caused by the negligence or mistreatment of her master,—that with regard to the treatment and its issue, the disease belonged to a most dangerous and frequently fatal class, and that although Dr Baumgarten did not treat the case in the way the custom of ages prescribed, yet he had used the means which the homœopathic school recommended in such cases. "The state recognised his knowledge of the homœopathic system of treatment, and into a criticism of this, which would lead to no end, it cannot enter." A request from the local board to require a detailed defence from Dr Baumgarten, leads to an admirable statistical demonstration of the efficacy of the homœopathic method in similar diseases.

HOMŒOPATHY IN AMERICA.

The system of Hahnemann appears to have obtained a settlement in this land of emigrants, sometime before it found footing in England. Nor need this surprise us, for a considerable portion of the population of these wide regions has been drawn from Italy, France, and Germany, especially the latter, whence has arisen a very frequent intercourse with European countries. Since the period of its introduction, Homœopathy would seem to have made a steady advance upon the old system, at first more slow, but latterly so rapid as to encourage the hope that ere long it will probably obtain dominion there. In Philadelphia (the second city in the States, with a population of 220,000), there are twenty-five practitioners of Homœopathy having medical degrees, and five without them; these last we are glad to learn being excluded from a college or society formed by the others. The number of practitioners in New York is about the same as in Philadelphia, and in both of these cities and in the States to which they belong, there are among the lay adherents of the system many persons of consideration, as judges, lawyers of high standing, and ex-governors. In Philadelphia the system has prevailed much among the lawyers and others of the more intelligent classes. In Boston and its environs (which together afford a population of 120,000), there are about ten homœopathic practitioners. In illustration of the rapid progress of Hahnemann's opinion there, it may be mentioned, that one of these physicians, in excellent practice, was able to state, that although he had been in Boston for only two years, two-thirds of his patients had become adherents of Homœopathy since his arrival. There are no means of ascertaining the exact number of homœopathic physicians in the United States, but it would appear that it cannot be less than some hundreds, and that whatever the number be now, it is steadily increasing.

It is gratifying to find that, among our brethren in that far world, there are not a few whose scientific attainments and character do credit to their profession, and obtain for them an extensive and powerful influence.

MISCELLANEOUS NOTICES.

CASES OF POISONING BY CORTON-OIL, EXTRACTED FROM A PAPER BY Dr G. S. KEITH, IN THE EDINBURGH MONTHLY JOURNAL OF MEDICAL SCIENCE.

Case I.—Alexander Campbell, a child of four years of age, was prescribed a mixture for hooping-cough, a tea-spoonful of which he was to take at a time. Owing to some mistake, croton-oil was substituted for this mixture, of which, accordingly, a tea-spoonful was taken. He had just

before largely partaken of bread and milk with pancakes. In the act of swallowing no uneasy sensations were experienced, but almost immediately afterwards he complained of pain in his throat; in five minutes severe vomiting came on, and in three minutes more, violent purging, with great pain in the bowels. His thirst was intense, to relieve which, he drank large quantities of water. Dr Keith was sent for at half-past three o'clock P.M., three-quarters of an hour after the poison had been administered, who found the patient almost completely exhausted. Countenance pale and rather shrunk, pulse small and rapid, and extremities rather cold; the vomiting had for some minutes ceased, but the purging still continued, though not so severely, the passage being without pain and apparently involuntary; no complaint made on compression of the abdomen; the fœces had numerous streaks of a white slimy emulsion-like substance, mixed with a large quantity of clear glairy fluid; this kind of matter was also vomited; the thirst continued unabated. At half-past four he was found in a very restless state, tossing convulsively about, as if in pain; feet cold, and pulse 130. At half-past five his pulse had risen to 150, and was very weak; feet and legs cold, generally lying quiet on his belly, but occasionally tossing about. At a quarter to six, the pulse was so quick and weak that it could not be counted; he lay in a lethargic state, sometimes drawing himself up as if in pain; disinclined to speak, and uttering no complaints. At half-past six, the pulse was stronger but still very rapid; his extremities were warmer; vomiting had ceased, and he seemed more lively. At a quarter-past eight, he was found hot and perspiring, with a pulse as high as 190. At half-past nine. the pulse was down to 120 and stronger; skin moist; had slept quietly for a short time, and was free from pain; neither vomiting nor stools. At midnight his pulse counted 110. When seen next morning he was found to have had a good night's rest; pulse 116, and of moderate strength; countenance pale, though natural; tongue red, smooth, glistening, and dry in the centre; throat red and sore, and voice husky He took a small piece of bread in the evening. On the second day he was almost quite well, and continued to go on favourably afterwards The treatment in this case consisted of opiate clysters, warm poultices, and, in the beginning, large draughts of fresh milk with soda and lime mixed in it.

Case II.—A young man, twenty-five years of age, when in an advanced stage of typhus fever, swallowed by mistake two and a-half drachms of croton-oil. When visited three quarters of an hour afterwards, he was found covered with a cold sweat, his pulse scarcely perceptible, the heart's motions difficult of perception, respiration oppressed, the extremities of the fingers and toes, and the circumference of the eyes and mouth, were blue, the tongue dry, the pupils immoveable, and the belly very sensible to the touch. All endeavours made to excite vomiting proved unavailing; only a small quantity of glairy mucus coloured by croton-oil was ejected. In an hour and a-half after the poison had been taken, there were copious and involuntary stools; a burning sensation in

the œsophagus throughout its whole length; the surface of the abdomen very tender; coldness of skin increased; respiration and circulation more depressed, and the whole body was of a blue colour. In four hours death supervened. The mucous membrane of the stomach was found slightly softened, and the intestinal canal ulcerated in many places.

Case III.—M. F. Bellonard, aged twenty-four, the pupil of a druggist, swallowed inadvertently a table-spoonful of croton-oil. An acrid feeling in the pharynx and great heat in the stomach made him immediately aware of his mistake. Before five minutes had elapsed he swallowed nearly a quarter of almond oil, but without exciting vomiting. Tickling his throat with a quill and blows on the back, at last, after many methods had been tried in vain, effected the expulsion from his stomach of the whole of its contents; three hours had, however, passed before this was brought about. The only symptoms which followed were great gastric irritation and obstinate constipation. In a month he was almost quite well.

Case IV.—Thomas Young, aged thirty-one, was exposed to the dust of croton-seeds which he was unpacking. He was soon affected with loss of appetite, burning sensation in the nose and mouth, tightness across the chest, epigastric pain and profuse lachrymation. On trying to walk away he became giddy and fell down insensible. When sensibility returned, he complained that his mouth was parched and his throat swollen. He was carried to the hospital, where he arrived in a state of apparent collapse, with burning pain in the head, throat, and stomach; tongue numb and swollen; epigastrium hot and tense; pupils dilated; breathing short and hurried; surface of the body cold; countenance distressed, and pulse 85. He said that his tongue was too large for his mouth, though this proved not to be the case, and that it was devoid of feeling. He gradually recovered, but complained for some time afterwards of pain in the epigastric region.

Spurious Hydrophobia from Itch Suppressed by Cold Water. By Dr I. Jeitteles of Prague.

A girl of 26 years of age, remarkable for her mental and bodily accomplishments, of a nervous temperament, and subject to hysterical attacks, became infected with itch. After warm baths and cleanliness had proved ineffectual to her cure, she went to a verterinary surgeon, who treated her after the Priesnitz-method with cold baths and wet sheets, under which treatment the itch disappeared in a month.

From this time forward, the girl became sad, sought solitude, had palpitation of the heart, twitching of the facial muscles, and a wild, brilliant eye. At length symptoms of hydrophobia appeared. At the mere look of water, she was attacked with violent convulsions, and became quite outrageous, complained of thirst and pain in back, passed sleepless nights, and spoke in broken accents. As all her relations denied that

she could have been bitten by a mad dog; and as there was some tenderness of the spine, I considered the complaint a metastasis of the suppressed itch to the spinal cord. I ordered her salt baths, cupped her in the back, washed the wounded part with tartrate of antimony, and had the whole body vigorously rubbed, while I gave her sulphur and acetate of morphia and sarsaparilla internally. Under this treatment, the symtoms abated, and soon the whole back became covered with a herpetic eruption. (This shews that a repressed eruption, when recalled, does not always re-appear in its original form.) For the completion of the cure, I sent her to the more specific baths of Baden, whence, in six weeks, she returned in perfect health.—*Osten Med. Wochenschrift, Sept.* 9, 1843.

BOOKS RECEIVED.

Homœopathy and its kindred Delusions; two Lectures delivered before the Boston Society for the Diffusion of Useful Knowledge. By OLIVER WENDEL HOLMES.

Some Remarks on Dr O. W. Holmes' Lectures on Homœopathy and its kindred Delusions. By ROBERT WESSELHÆFT, M.D., Boston Otis Clapp.

An Answer to the Homœopathic Delusions of Dr O. W. Holmes, By CHARLES NEIDHARD, M.D., Philadelphia.

Homœopathy, with particular reference to a Lecture by O. W. Holmes. By A. H. OKIE, M.D., Boston.

Popular Considerations on Homœopathy. By WILLIAM CULLEN BRYANT, Esq.

An Oration delivered before the New York Homœopathic Society, 1841.

Homœopathic Examiner from April to November.

Philadelphia Gazette for November 4th and November 11th.

Concise Exposition of Homœopathy. By GEORGE NEWMANN, M.R.C.S.L., London. J. South.

The 19th, 20th, 21st, 22d, 23d, and 24th Nos. of the 24th volume, and the 1st, 2d, 3d, and 4th Nos. of the 25th volume, of the Homœopathische Zeitung.

The 4th part of the 18th volume of the Hygæa.

DR DRYSDALE OF LIVERPOOL, AND DR RUSSELL AND DR BLACK OF EDINBURGH, BEG LEAVE TO RETURN THEIR GLATEFUL ACKNOWLEDGMENTS TO THE "RHEINISCHER VEREIN," FOR THE HONOUR IT HAS DONE THEM, IN APPOINTING THEM CORRESPONDING MEMBERS OF THAT SOCIETY.

THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

MR NEWMAN AND THE ROYAL COLLEGE OF PHYSICIANS.

In our last Number we mentioned the case of George Newman, a member of the Royal College of Surgeons of London, who had been removed from his situation of medical officer of the Glastonbury District of the Wells Poor-Law Union, for the express and declared reason that he practised according to the principles of Homœopathy. It is not alleged that he has been more unsuccessful than medical practitioners of any other description; it is not alleged that in any one instance his practice has been injurious to human life or to human health, but he has been found guilty, on his own confession, of the new and till now unheard-of medical crime of Homœopathy.

It may be well to recall briefly to our readers' recollection the circumstances of the case, as they are more amply detailed in the published correspondence, and in Mr Newman's pamphlet alluded to in our last Number.

Mr Newman has for several years been a surgeon in Glastonbury, and, from the respectable medical character which he held in the country, was selected to be medical officer under the Glastonbury District of the Wells Poor-Law Union. Being a man of observation and of research in his profession, he studied among other works which came in his way some of the writings of Hahnemann; and though startled and scep-

tical as to the facts and conclusions there stated, was not content to put them aside with silent scorn, but determined to subject them to the only rational test, that of experience. He accordingly, he tells us, proceeded, without any faith in them, to administer some doses of medicine, in strict accordance with the rules laid down in the works which he had perused, sensible that if they produced no other effect, they would at least enable him with confidence and authority to pronounce against the practice. But the results disappointed his expectations, and coincided with the statements made by Hahnemann and his followers. Like an honest man and a true investigator of nature, he did not set up his preconceived opinions as a bar against the progress of knowledge and the improvement of the art which he had practised, when he thought that he perceived that the maladies which afflict humanity could be removed with more certainty and less suffering by a new, though to him strange and unexpected method, than by that which he in common with the majority of his profession had practised before; he did not think it became him to reject the new light thrown in upon him from experience and careful observation (the real and only sure foundations of medicine), and to adhere to a different and less efficacious one, merely because he had been taught it in schools or colleges. He had been found to be regularly qualified to practise in his profession, he may therefore be supposed to be master of it; but no restraint is laid on him or any practitioner to adhere doggedly to any one article of the medical creed. The right of free exercise of judgment is an essential and indisputable right; that must be conceded to every man whose knowledge and acquirements have made him be pronounced qualified to exercise the medical art. This seems to have been the extent of Mr Newman's offence.

But to proceed with an outline of the circumstances of Mr Newman's case. He informs us that Mr Frederick Gale, surgeon in Glastonbury, intending to remove from practice, offered to sell to him the goodwill of his business, as it is called. This offer Mr Newman declined, and he adds, that shortly after he found that Mr G. circulated a report that Mr Newman had adopted the homœopathic system, as he imagines with the in-

tention of prejudicing his patients against him. Lord John Thynne, rector of Walton and Street, who seems to have patronized Mr Gale, now wrote to Dr Stone of London for a person to succeed Mr Gale, offering him his patronage. A Mr Malton came down for the purpose; and in his favour Mr Newman tells us that his Lordship wrote to the private patients of other medical men, and even gave that gentleman letters of introduction to some of them; and that not content with this, he began to attempt to obtain Mr Newman's dismissal from his medical situation under the Poor-Law Board, with the object of supplying the vacancy with Mr Malton.

With these alleged intrigues and proceedings we shall not meddle; they may be true or false, creditable or discreditable to those concerned, but they are of a temporary and local nature, affecting only individuals; we shall rather attend to the general principle educed.

In November 1842, Mr Gale preferred a regular complaint to the Board of Poor-Law Guardians that Mr Newman was adopting the homœopathic system of medicine, one not recognised by any college in Europe, and that the poor ought not to be treated in that manner. The Guardians, who appear to have been satisfied with the results of Mr Newman's practice, declined to interfere.

Upon this Mr Gale sent copies of his letters to the Poor-Law Commissioners, who thereupon wrote to the Guardians requesting to be informed if the statement was true.

The Guardians, in reply to this, stated that Mr Newman had held office under them for a period of six years and a half, that during that time no complaint had been made of any want of skill or attention on his part, and that they were perfectly satisfied with him. They at the same time forwarded a letter addressed to them on the subject by Mr Newman (Jan. 1. 1843), in which he informed the Guardians that he adopted the same mode of treatment with his pauper as with his private patients, namely, the homœopathic, which he did, being conscientiously convinced of its great superiority over the usual one; and he forwarded a list of his patients, pauper

and private, so treated, and of the fatal cases that had occurred in the course of the preceding year, 1842.

In answer to this communication the Poor-Law Commissioners stated, February 7, 1843, "that they do not consider the homœopathic mode of treatment as a system of medicine recognised by any legally constituted medical body in this country; and the Commissioners think that the Guardians, with whom the nomination of the person rests, are, as trustees for the public, not justified in employing medical men who use a system of medicine not so recognised by the legal bodies presiding over the medical profession."

As Mr Newman's contract with the Guardians expired on the 25th March following, notice was given that an election of medical officers should take place on the 22d; on which day the Guardians elected Mr Newman once more, by a majority of 17 to 3; not probably aware, or believing that, in this country, there are *any* systems of medicine "exclusively recognised by law, or by the legal bodies presiding over the medical profession."

The Poor-Law Commissioners, when informed of this appointment, addressed the Guardians of the Wells Union (27th April 1843), specially calling their attention to the system of practice pursued by Mr Newman. In consequence of this, the Board of Guardians held a meeting (3d May), at which Mr Tufnell, the Assistant Poor-Law Commissioner, was present, when they made him fully acquainted with the complaints "made," as they express it, "*only* by a member of the medical profession," and stated that they were perfectly satisfied with Mr Newman; and would take upon themselves the responsibility of his election: And no complaint being heard of from his numerous patients, the Poor-Law Commissioners, in conformity with the wish of the Local Board of Guardians, confirmed the appointment.

It thus appeared that those who were in the immediate charge of the Wells Poor-Law Union; that is, those who had the best opportunity of ascertaining the success of Mr Newman's practice, and who were most interested in watching it, were satisfied with the results of his practice. But matters did not rest here: Lord John Thynne addressed a letter on

the subject, which does not appear, to Sir Henry Halford; and soon after forwarded a memorial to the Poor-Law Commissioners, said to be from four resident clergymen of the parishes contained in the Union, of whom Lord J. Thynne is one, strongly objecting to Mr Newman's appointment as medical officer, on the ground of his following the homœopathic system of medicine, in his treatment of the sick-poor under his care.

The Commissioners having taken this memorial into their consideration, it appeared to them, that, in their final decision on this matter, was involved a question of a strictly professional nature, of such importance as to require the opinion of the highest authority intrusted with the superintendence of medicine in this country. With this view they submitted a statement of the circumstances of Mr Newman's case to the Royal College of Physicians, and requested their opinion upon the whole.

In the generally understood feeling of the older practitioners towards their younger homœopathic brethren, this was certainly somewhat like delivering the innovators like sheep into the jaws of the wolf. But we are far from blaming the Poor-Law Commissioners for this step. They are called upon to exercise an arduous, a responsible, and an invidious office, surrounded by enemies on every side. In every act they must proceed with caution, so as ever to have a justification at hand. They are not set apart as physicians: Their control over medical practitioners is only incidental and ministerial. In cases of difficulty they must resort for advice to the best authorities that the country affords; and with this view they very properly, in a matter in which they could not be judges, applied for advice to the highest medical tribunal, the Royal College of Physicians.

The situation of the Royal College of Physicians is totally different from that of the Commissioners under the Poor-Laws. They are a medical body; they are a corporation whose study and practice is medicine. With them lies the examination and power of admission to medical practice of a large and important class of medical men. For this purpose, and adequately to fulfil their important duties, they might be expected to examine and test through some at least of their

numerous members, such medical theories, true or false, as are from time to time proposed to the world, especially when such theories attract a number of followers, are propounded in regular treatises, and supported, or alleged to be supported, by numerous cases. In medicine there is no sound *a priori* reasoning. It is an art before it can be a science; it is founded on facts and observations, like all experimental sciences, and no human wit can with certainty predict before-hand, what will be the effect of an untried combination on the human body, and the powers of animal life. Analogy may lead us far, and is often our only guide. We must often take it for want of a better; but the strongest analogy must yield to the weakest fact. Medicine is an art in its nature progressive. It is fortunate that it is so. The most regular and orthodox, the most timid practitioner, does not exclusively follow the system of Hunter, or of Cullen, or of Hoffmann, or of Boerhaave, or of Sydenham, or any other known system. The systems of Hippocrates, and Celsus, and Galen, are as little acknowledged in schools of medicine, as those of Plato and Aristotle in schools of philosophy. All were great men, and all acted their part well and usefully in their appointed times, not by damming up and stopping the eternal current of human improvement, but by lending their aid to facilitate and promote its free progress;

Labitur et labetur in omne volubilis ævum.

The question put to the Royal College of Physicians by the Poor-Law Commissioners, was a proper and important one. It in some measure tested the qualifications of the College adequately to perform certain of the duties for which they were incorporated. The terms of their answer, June 27, 1843, certainly is somewhat disappointing to their friends and to the world. It contains, unfortunately, the very *minimum* of information. They say, "that they have carefully considered the question proposed to them, and are of opinion that a person who practises *exclusively* the homœopathic system, is altogether unfit to be appointed to the situation of medical officer of a Union."

"Although such a person," they continue, "may be legally qualified to practise as a surgeon and apothecary; yet if he chose to adopt *a new and unrecognised* system, to the *utter*

exclusion of all those methods of treatment which have received the sanction of authority, and are recommended by usage and long experience, it is clear, that he must do so under a heavy responsibility, attaching, in the case of a medical officer, not to himself only, but ultimately to the Guardians who appointed him, and the Commissioners who failed to cancel such appointment. Against a person so practising, unless it were with the full knowledge and consent of his patients, any of them who conceived that he had been improperly treated, and had thereby sustained an injury, might have ground for an action of damages; and if death were to ensue under his care unexpectedly, he might be criminally prosecuted.

"But the pauper patients of a Union can neither choose upon what system they will be treated, nor, if they should think themselves or their relatives injured through improper treatment, is it likely that they could find the means of seeking the redress which the laws might possibly award them.

"The foregoing considerations appear to be conclusive against the propriety of appointing a person who professes to *practise exclusively* an unrecognised system, to the medical charge of a Union. They deem it unnecessary, therefore, to advert to arguments of a *medical* nature, which might be adduced to the same effect; and they leave it with confidence to the judgment of the Poor-Law Commissioners to decide as to the course which it will be proper for them to pursue in this matter."

The Poor-Law Commissioners, of course, could not be expected to incur any responsibility, by differing from the Royal College of Physicians. They had asked a medical opinion, and they received a legal one; they had asked for bread, and they received a stone. It was not their province, and would hardly have been becoming in the Poor-Law Commissioners, to have gone on and continued a correspondence, for the purpose of extorting a medical opinion from the College. They acquiesced in their judgment, having asked it, and gave notice that if Mr Newman did not resign, they would remove him, as a person practising *exclusively* the homœopathic system.

One might be led to imagine, from the terms in which the letter of the College is couched, that they, as well as the Poor-

Law Commissioners, were puzzled what answer to return to the memorial of the four active clergymen. Mr Newman justly observes, that the legal case supposed by them may belong to any system, as well as to Homœopathy. They seem to have left sundry loop-holes through which a medical man disposed to take advantage of their opinion, might easily have escaped. What two medical men ever followed *exclusively* the same modes of treatment? Much must always depend on individual observation, and supposed experience. But the Poor-Law Commissioners are told, "that a person who practises *exclusively* the homœopathic system, is altogether unfit to be appointed," &c.; and again, that if such a person "chooses to adopt a new and unrecognised system, to the *utter exclusion* of *all those methods* of treatment *which* have received the sanction of authority, and *are recommended by usage and long experience*," he must do so under a heavy responsibility; and they conclude, by declaring against the appointment of any person "who professes to practise *exclusively* an unrecognised system." We may venture to say, that there is no well-instructed medical man, of moderate observation and experience, who might not honestly say, that, in his practice, he followed *exclusively no* one system, recognised or unrecognised; and for the truth of this assertion, we think we might, with confidence, appeal to any one member of the Royal College of Physicians, taken separately.

Mr Newman was too honest and too honourable to resort to any assertions that might have seemed to savour of evasion. He was become a disciple of the Homœopathic school, and he openly declared his devotion to it, in an able and temperate letter (July 10, 1843), addressed to the Guardians of the Wells Union, given in our last, and well worthy of perusal. He observes, that he is legally qualified to act as a surgeon and apothecary. He justly asserts, that he knows not what in this country is meant by *the recognised system of practice;* that for upwards of four years he had followed what is called the homœopathic system; that no allegation is made that that practice had been unsuccessful among his patients; and from a list of his cases, which he gives, he contends that it has been eminently successful, compared with the ordinary practice; he notices similar instances of success in foreign

Homœopathic Institutions, and declares his intention of continuing that practice, which he has conscientiously found the most successful.

This letter the Guardians forwarded to the Poor-Law Commissioners, with a petition signed by 838 of the poor, praying for Mr Newman's continuance in office. But the Commissioners, proceeding on the opinion of the Royal College, issued a warrant under their hands and seals, for his removal from his office.

It is worthy of remark, that, by an unanimous resolution of the Guardians of the Wells Union, Mr Newman was again chosen to attend the poor from the day of his dismissal from office, till the election of a new medical officer. And that when another surgeon was appointed, the Board of Guardians, by an unanimous vote of its members, among whom we observe four clergymen, and some of the most distinguished and respectable men of the county, gave "the thanks of the Board to George Newman, Esq., for his attentive, humane, and successful treatment of the sick under his care, for the last seven years and five months, the period he has been the medical officer of the Glastonbury District of this Union."

Such is an outline of the very extraordinary proceedings that have taken place in Mr Newman's case. To him they are in every respect creditable; while he held office, he discharged its duties with zeal and success; when driven from it, he quitted it with honour to himself, and amidst the regrets of those whom he had served and benefited.

Of the motives and reasons of the four clergymen who presented the petition for his removal, we have no means of judging. The Commissioners, in the exercise of their discretionary power, have withheld that petition or memorial. Its contents, and the intrigues that are said to have preceded or produced it, may be of local consequence, and may excite much interest and inquiry on the spot. We desire to put them aside altogether, and to view the whole matter and its consequences in a general point of view, as they affect the Royal College, and as they affect the public.

We have heard the College of Physicians blamed for having exceeded their powers. This is not our objection to their conduct. They have, in reality, exercised no powers; they

have only offered advice—advice which has been acted upon. Our objections are to the whole tenor and substance of their letter, and, with all deference to the College be it spoken, we deem these objections of a most serious and important nature. We regard the principles stated in that letter as pregnant with the most serious injury to rational practice, and as destructive of free inquiry in the medical art.

We have already stated our surprise, that a learned body should have confined its objections to one practising *exclusively* the homœopathic system, or a *new and unrecognised system*, to the *utter exclusion* of other systems or treatments. The person so doing is, perhaps, hardly to be found. If he may not practise it *exclusively*, the inference is, that he may *in part*, or perhaps *to nearly the whole extent*. The *dictum* of the College left thus indefinite, though it suffices to destroy, does not assist to guide. No practitioner can, from this judgment, discover when he is safe, or when he is sliding down a precipice. It reminds us of the contrite wife who, in the article of death, informed her husband that one of her children was not his, but begotten in adultery; she had not time to point out which was the spurious one, so that the unhappy father was left in doubt as to the whole of his issue. A surgeon, who must not practise a new system *exclusively*, may do it *in part;* but *which* part he cannot discover. The whole is virtually forbidden.

But we must call to the attention of the profession, and of the public, and that in the most serious manner, some principles put forward by the College we think for the first time, but which, at any rate, are of the most dangerous tendency. We fear that as, in this instance, they are directed against the professors of an obnoxious, because a new system, they may escape the notice of the elder part of the profession, or even be received by them with favour. But a power once conceded, though, in the first place, directed against Homœopathy, can, when established, be turned equally against any other system—

——— Eheu,
Quam temere in nosmet, legem sancimus iniquam!

It is the old fable of the horse which allowed itself to receive

a bit, and to be saddled and ridden by the man. His enemy was expelled: he remained a slave.

What, then, are "those methods of treatment which have received the sanction of authority, and are recommended by usage and long experience?" We confess that we are not a little puzzled to know what is meant. We never heard of any code of medical treatment published under the authority of the College of Physicians, or of any other public authority, and which was to be considered as the only true and orthodox system of medicine and of cure. Articles of religion and confessions of faith are in their place in divinity, which is a stationary and not a progressive science. But what philosopher—what man of sense—was ever so inattentive to the foundations of the two sciences, as to think of reducing medicine to the same state. Is there any class of physicians, old or young, who will consent to this? To the honest student of nature, "methods of treatment which have received the sanction of authority," will be little prized, unless they have also the sanction of success; and even those recommended by the more respectable authority of usage and long experience, will be tried by the same rule, and willingly resigned, whenever more successful, though newer and unauthorized, methods are discovered. Every improvement is at first new and unauthorized; and it is proverbially long before the most striking truth can force itself into the acquiescence of a collegiate or corporate body. Such bodies have not inaptly been held to present, in numerous instances, the best idea of the opinions of the generation that is gone. They have their uses, though they are not in the van, but in the rear of science and of art. But if we sometimes tolerate them when they embalm prejudices, we must not suffer them "to lay their hands on the spring" of human improvement, "and put a stop to its movement."*

* In medicine, a dogged adherence to any system, or set of rules, is a proof not of a high, but of a low state of the art: thus we read in Diodorus, that, in the most ancient times, the wise sayings which Hermes had inscribed on tablets were copied, when the use of the papyrus was discovered, into a book, which went by the name of Embre, "Scientia causalitatis." In this book, the rules of the art of medicine were specially laid down, which the physicians were obliged to follow literally. * * * * *If the physicians followed these rules, and yet*

What is meant by the term *recognised system* which medical practitioners are expected to follow, and a deviation from which, so far as the Royal College of Physicians is concerned, will be visited upon delinquents by the ruin of their prospects in life? There is no *recognised system* by which medicine is taught. Those who study that noble art do not quench their thirst from one well, but from a thousand springs. The labours of men of genius of every age are consulted; all differ from each other, but something is learnt from all. Every medical man must study the anatomy, and physiology, and pathology of man in the best works that the age affords; but, if he is good for any thing, he never thinks of binding himself to "a recognised system." Perhaps of all arts that of healing is the most complicated, and requires the greatest number of considerations to be taken into account. In none does more depend on the genius and observation of the individual practitioner than in medicine. New additions are every day thrown into the stock of knowledge, and new accessions of knowledge of necessity produce new methods of treatment. These are new and not recognised, but are they, therefore, to be rejected? No recognised system can last half a century, perhaps not half of that time. The practice of to-day is not that of yesterday; the wheel goes constantly on, and change takes place because it is, or is supposed to be, improvement. How, then, is it to be tolerated by any philosopher, by any man of knowledge or of sense, that penalties such as the Royal College would inflict, should be imposed on all who adopt methods different from those which are supposed to have received the sanction of authority, or of recognised system,—while not an allegation is made that they have been unsuccessful, that they have added to human suffering, or that they have not produced benefit. These might have been legitimate objections,

the patient died, they were free from all imputation. But if they transgressed these rules, whatever the consequences were, the physicians were punished with death. (Diodor. p. 74). Upon this, Sprengel observes,—"The notices which Diodorus gives, leave us not a moment in doubt as to the worth of the old Egyptian medicine. *It is evident that science never can advance when implicit credence is given to ancient doctrines, and obedience to fixed rules, and every transgression of them is looked on as a crime."—Sprengel, Geschichte der Arzneikunde, 1st Theil, S.* 43,

intelligible to all; but, in the name of science, we protest against the Royal College of Physicians, or any other body, wielding at will the dangerous instruments of "authority," or "usage," or "recognised system," as a bar to the natural and necessary progress of the Art of Healing, and as a means of injuring such practitioners as think differently from themselves.

It is true, that, towards the end of their letter, and after favouring the Poor-Law Commissioners with their legal opinion on a general question of Medical Jurisprudence, applicable to all systems, they observe that these arguments being conclusive against appointing one who professes to practise *exclusively* an *unrecognised* system to a medical charge of a Union, they deem it unnecessary to advert to arguments of a *medical* nature, which might be adduced to the same effect. This omission we much regret—for it is quite plain that it is the medical argument, and the medical argument alone, that can make the legal argument of any weight—that can point or direct it. Without the medical argument, the legal argument wastes itself in air, without an end or an object. It is the medical delinquency that gives the law its sting. Prove that the facts of the homœopathist are false, or that he reasons wrong from such facts as are admitted, that his practice kills instead of curing, that it aggravates instead of removing disease, and then the legal argument will apply. But we confess that we do not believe that the College are prepared to do this. We have heard of no experiments that they have made on the subject; certainly they have published none. They seem rather to have stood on the old recognised system, and to have put aside, untried and unexamined, with supercilious dignity, the facts, the reasonings, and the whole inquiries of this new and troublesome, but daily increasing body of homœopathists. The public might expect something different. A candid examination of the subject, such as might satisfy or assist the judgment of the public, would come with peculiar grace and propriety from such a body. A careful set of experiments might go far to put some important questions at rest. They have read their philosophy too well to be deterred by the silly jokes of little witlings on infinitesimal

division of medicines, and small doses. They know that these, like any other object in nature, are mere subjects of experiment; and that, well considered, they are only accidental to the homœopathic system, and may belong to any other. A careful series of medical experiments honestly conducted in accordance with the homœopathic system, and, we would humbly suggest, in conjunction with some acknowledged homœopathist, would do them honour, and seems to be called for by their position, as due to themselves and their country.

In the meanwhile, we cannot but regret that a body supposed to represent the medical knowledge of England, should, on a solemn and important occasion, important, if not in its immediate, certainly in its remote effects, have put forth a writing so objectionable in its nature, as giving no sort of guide to the profession at large, and so hostile in its consequences to the research of truth and the progress of scientific inquiry.

[Since the above remarks have been committed to the press, the correspondence between the Poor-Law Commissioners and the Guardians of the Wells Union, relative to the dismissal of Mr Newman from the medical superintendence of the poor of the Glastonbury District, has been printed by an order of the House of Commons of the 13th February, on the motion of Lord Robert Grosvenor.

The whole facts of the case are at length before the public. Some letters and papers, formerly kept back, are now given; and, while they add little to the important features of the case, they prove at once the precipitate eagerness of Mr Newman's accusers, and the temperate forbearance of the Poor-Law Commissioners towards correspondents who, in some instances, address them in no very courteous style.

The person who takes upon himself the office of public prosecutor in behalf of the community, is a Mr Frederick Gale, who makes us acquainted with his motives for so doing. "I take this step upon public grounds alone," says he; "I have no private end to serve. I am no rival practitioner, but a consulting surgeon resident within the district."

It is not of very great consequence whether Mr Frederick Gale's claim to impartiality be correct or not. Mr Newman's

representations on the subject would lead us to conclude that it was at least questionable. *His* counter-assertion is, that Mr Gale, when desirous of retiring from the profession of surgeon and apothecary, applied to him to purchase his practice; that Mr Newman declining this offer, the Rev. Lord John Thynne procured a Mr Malton to succeed Mr Gale, and used his influence to procure medical practice for that gentleman, and also to get him appointed successor to Mr Newman as medical officer of the Glastonbury District. It can easily be conceived that a desire to promote the interest of one whom he had been instrumental in placing in his new situation, and whom he patronised, may have exercised some influence even on Mr Gale's mind. However that may be, the zeal which he displayed in ousting Mr Newman must be acknowledged to be exemplary, whatever may have been his success in serving his new friend Mr Malton.

Mr Gale's operations began in the end of October, or beginning of November 1842, when, in the ardour of his zeal against innovation, he addressed a letter to the Board of Guardians of the Wells Union, calling upon them to dismiss Mr Newman as a partizan of Homœopathy, and to do this "without imposing upon me," adds he, "the disagreeable necessity of becoming his accuser." We know not what Mr Gale means by this affected unwillingness to become Mr Newman's accuser; nor do we see, in spite of all this prudery, how he could more effectually have injured him, than by this very attempt, which was in the end successful, to remove him from his respectable official situation. The Guardians, "after mature consideration, informed Mr Gale, that as no complaint had been made to the Board against Mr Newman's medical treatment, or want of attention to the poor of the district, they did not conceive themselves further called upon to interfere."

This answer of the Guardians of the Union, who judged of the merits of a practitioner by the common-sense tests of his success and his diligence, did not satisfy Mr Gale, whose tests were of a different kind. He accordingly appealed to the Poor-Law Commissioners, whom he addressed in a series of communications, more remarkable for their vehemence than their courtesy; in all of which he shews a decided determination to

bring down Mr Newman, and in some of them lectures the Commissioners, much, apparently, to his own satisfaction, on Homœopathists, Hydropathists, and Hygeists; and puts forward "his general principle," that the surgeons of Poor-Law Unions are bound to adhere to what he understands as authorized and recognised methods of cure, though the extent and limits of these methods he does not define; but finally charges his antagonist, in one word, as practising homœopathically.

The Poor-Law Commissioners repeatedly called the attention of the Board of Guardians to this new crime; but the Board, whose attention was directed more to effects than to names, and who were less solicitous about authorised methods or established rules of medicine, than the more vulgar and tangible tests of their medical officer's practice, and the comfort of the poor patients under his care, as repeatedly declined to remove Mr Newman, informing the Commissioners on one occasion (10th November 1842), that that gentleman, when appointed, had produced all the requisite qualifications, and had continued to hold the situation of medical officer of the Union from its formation in 1836, without complaint reaching them, either in respect of his skill or lack of attention in the fulfilment of his professional duties to the poor under his care; and that, therefore, the Guardians did not conceive themselves called on to interfere with differences existing in the medical profession as to any particular mode of practice.

Whatever may have been the disinterestedness for which Mr Gale takes credit, it is impossible to sympathise with the intemperate zeal that he displays in several instances in the course of this correspondence. When, in his letter of the 16th December 1842, he tells the Commissioners, who, contrary to his wishes, had sanctioned the proceedings of the Board of Guardians, "I will only add, that I am so deeply impressed with the claim of the poor upon the protection of the Commissioners, that I shall not cease my remonstrances in some shape or other until the grievance is redressed," we may ascribe his expressions to honest zeal. When, in his letter of the 5th February 1842, he becomes impatient at inevitable delays, his language is less excusable; "I have no desire," says he, "to say any thing uncourteous to you, but it is my

duty to declare that, except the case is decided, I must appeal to the Secretary of State, and take such a course as will bring the subject before the public, so that the question may be understood, and it may be known what the principle is that is to determine the qualification of a medical officer of a Poor-Law Union; and whether a system of medical treatment is to be forced upon the poor, that has been pronounced unsuccessful at Paris, and against which the whole College of Physicians and Surgeons bear their united testimony, as well by voice as by practice." This is less the language of fair remonstrance than of unseemly menace, and was not called for. When the Board of Guardians again declared their satisfaction with Mr Newman's practice, and his care of the poor, and the Commissioners sanctioned their wish that he should remain in his charge, Mr Gale, 10th May 1842, altogether loses his temper. "The matter cannot rest as it now stands," says he, "and except I hear from you, that it is your intention to reconsider the subject, I shall be compelled to bring it before the public in a manner which will represent you in no very consistent or satisfactory character." This is gross and vulgar bullying; and so we take leave of Mr Gale, consulting surgeon in Glastonbury.

New machinery was, however, to be put in motion, in the shape of a memorial from the Reverend Lord John Thynne, and other three clergymen, of parishes within the Wells Poor-Law Union, which is given in the papers now printed. It remonstrates against the employment of Mr Newman, on the ground that he acknowledged, "that he does practise a peculiar system of medicine, called Homœopathy, exclusively, which system is not recognised by a legally constituted medical body in this country." This memorial was accompanied by a letter from Sir Henry Halford, to the Reverend Lord J. Thynne, which ran thus, "I do not hesitate an instant to declare, that I do not consider it proper that any person should be allowed to hold the appointment of medical officer of a Poor-Law Union, who has acknowledged publicly that he practises Homœopathy exclusively, and will not practise any other system of medicine." On this was grounded the question put by the Commissioners to the Royal College of Phy-

sicians, whom they very properly consulted; and that question elicited the opinion given by the College.

One remark, and an important one, applies to the whole correspondence. The accusers of Mr Newman disclaim, in every instance, any reference to his practice, as successful or unsuccessful; though they occasionally hint that they could attack him on that head, if so disposed. Mr Newman, on the contrary, gives a general statement of his success, and challenges inquiry. His accusers all ground their complaints on the "broad principle," as they express it, of adhering to what they denominate authorized methods, in opposition to one that is new. This is but another form of the unceasing war waged by old established systems against innovation; with this difference, that hitherto in England, experience has been left to decide the contest; whereas, in the present instance, the civil authority has been called to prevent deductions from facts being applied to practice; and that upon the strange assumption, that certain methods alone are to be acted on, as if they were part and parcel of the law of the land.]

STATE-DECISION IN GERMANY REGARDING HOMŒOPATHIC PRACTICE.

Dr Baumgarten of Magdeburg, was sent for on the 28th of February 1843, by a chairmaker of the name of Becher, to see Christian Knoll, his servant-maid, seventeen years old. He found his patient, a well-fed but ill-grown girl. She was lying in an uncomfortable place,—the upper part of her body was much elevated, and the head was sunk upon the breast; her face was pale and expressive of suffering, and of a livid colour about the mouth and nose. The breathing was short and quick; the skin of the body generally rather cool and dry, but the face, hands, and feet were cold; the eyes dull and lifeless; the pulse, of tolerable fulness, beat 90 strokes in the minute. The thorax rose very little, and, on being percussed, emitted a dull sound; the patient complained of no pain either when this was done, or when she breathed; the respiration was entirely abdominal. The patient complained besides of vertigo, confusion of the head, general enervation, and lassitude, from which she had suffered for fourteen days.

For some days she had felt occasional slight shooting pains

in the chest in the evening on lying down, which were now confined to the hypochondria. There was but trifling short cough; the patient could not take a deep breath on account of the immobility of the thorax; pain in the hypochondria. There was no appetite; the tongue was coated white, and the papillæ were red and elevated. There was slight thirst; alvine and urinary evacuation had occurred daily hitherto. She said that she had frequently suffered in spring from affections of the chest, with impeded respiration, cough, and stitches in the side, for a longer or shorter period. Eight days before, she had made a journey in an open railway-carriage, after having heated herself before getting in, and immediately after that she became affected with dyspnœa and stitches in the chest. Notwithstanding the consequent exhaustion, she had complained neither to her parents, whom she was visiting, nor, on her return home, to her master, although she could scarcely follow her father home, a distance of twenty English miles, on foot, and had frequently to cough, which caused her much pain in the head and breast. For two evenings, on lying down, she was affected with much cough, with dyspnœa, and stitches in the chest, and this morning she was confined to bed by the increase of all these symptoms. It appeared afterwards that Knoll had received a blow on the breast from her master, and that in consequence of this she had gone to her parents in the railway-carriage, and after her father had accommodated matters with her master, she had returned to the latter.

The prognosis in this inflammatory affection of the chest was pronounced to be unfavourable, and the conveyance of the patient to the hospital, as the locality she then occupied was bad, was recommended. At the urgent request of the patient, and on the promise of the master to bring the bed into the warm workshop, Dr Baumgarten undertook the treatment, and gave aconite 3, and belladonna 3, alternately every four hours.

On the 1st of March, Dr Baumgarten found the patient, contrary to his expectation, somewhat better; sweat had broken out during the night, but this had been prematurely checked by her restlessness and tossing. The skin was warm and moist, and the pulse a little less frequent than on the previous day. The stitches in the hypochondria were gone, but she complained of a sense of tightness of the region of the spleen;

the breathing continued as short and rapid as it was the day before, and there was no elevation of the thorax; still the patient complained of no pain in the chest, and had even slept from 12 o'clock at night till 3 in the morning. The prescription was continued.

On the morning of the 2d of March. Yesterday afternoon, sweat had again broken out, so as to oblige her to change her linen; she felt much relief, and had even been able to take a deeper breath. She had again had some hours of quiet sleep in the night. Dr Baumgarten found the symptoms of the chest as at his first visit; the pulse was slower by a very few beats, and of moderate strength. The same prescription.

On the 3d of March, at 11 o'clock, Dr Baumgarten found his patient a corpse, still warm in bed, and was told that she had become very restless towards morning, and raved a little in her sleep; she had drank more than formerly, and complained much of anxiety and dyspnœa. She had a thin discharge from her bowels, in bed. Death from paralysis of the lungs was not to be mistaken.

From a suspicion that the death might have been occasioned by the bad usage of her master, a judicial examination [coroner's inquest] was undertaken, from which it appeared that she had died of an exudation into the pleura and pericardium. The district medical board [medical coroner's board] was inclined to the opinion, that the blow she had received, followed up by circumstances very unfavourable to her health (the foot journey and exposure in the railway-carriage, &c.), was, in part, the cause of this inflammation, consequently of her death; although the dissection did not shew the slightest trace of violence. The statement went on to say, "That the method of treatment pursued by Dr Baumgarten was not fitted to avert the fatal issue of this inflammation of the lungs and heart, and that the death of Knoll was probably to be attributed to the want of a necessary condition for the cure of her, even in itself trifling, lesim of the chest, viz., a proper medical treatment."

The medical board [medizinal collegium] of the province of Saxony, in reply to questions submitted to it upon this case, pronounced, "That it was not likely that the disease of Knoll

had been occasioned by external violence, and that there was no sufficient reason for believing that the blow upon the breast could have been the cause of the disease. The question, whether the death could have been averted by proper medical treatment, it was impossible for them to answer. At all events, the malady of Knoll belonged to a class of diseases which, in the highest degree, endanger human life, and cases were often met with of this kind; that, often the most judicious treatment from the very beginning cannot arrest the disease, sustain life, and avert death. As far as regards the medical treatment, they can say nothing more than that they (the Medical Board), and with them all those physicians who respect the system sanctioned from remotest ages, would have treated the patient differently than was done, according to the circumstantial detail of the coroner's report. From Dr Baumgarten, who is a homœopathist, such a treatment could not be expected; but, on the other hand, he had employed these measures which the homœopathists believe to be useful in curing inflammations. The State permit, advisedly, the homœopathic method of practice, and so the Medical Board cannot enter into a criticism of this, which would lead to nothing."

The Committee of Medical Science did not accord with this decision, "seeing," to use their words, "the experience of centuries has produced the conviction that the removal of an acute inflammation of the serous membrane of the whole thorax, and of the lungs, pericardium, and heart, requires decided and direct measures; and that the use of aconite of the so-called 3d dilution, and of belladonna of the same strength is quite inefficient. It appears from the documents, that Dr Baumgarten understood neither the seat, the extent, nor the nature of the complaint of the deceased; and, after the use of his remedies, thought the state of the disease improved, whereas death occurred in a few days afterwards; that this patient, dangerously ill, and rapidly approaching her end, he, according to documentary evidence, visited but once a day; that he employed none of those measures which, by all experienced physicians, are in such cases considered quite indispensable; and that, in fine, he himself dispensed the remedies administered to the

patient. If our examinators would, without hesitation and with perfect justice, reject any young physician who, in going through his clinical examination, should think of propounding such therapeutic principles as those on which Dr Baumgarten acted in the case before us, one may justly refuse to sanction the tolerance shewn by the Medical Board in this unhappy case. Were it only for example sake, it would be proper to require Dr Baumgarten to clear himself from the serious charges brought against him by the coroner."

This demand was followed by one from the Royal Medical authorities of Magdeburg, and thereupon by the following reply from Dr Baumgarten—

To the Rescript of the Honourable the Royal authorities at Magdeburg, to clear away the objections that have been expressed in the Report of the Committee of Medical Science, relative to my professional treatment of the girl Christian Knoll, I reply as follows:—

The decisions of the three authorities, the District Medical Board, the Medical Board of Saxony, and the Committee of Medical Science, differ so much as to the main question, that I must advert for a while to those former decisions, in order effectually to remove the objections of the Committee.

I first turn, then, to the Report of the District Medical Board. This report states, that the girl Knoll undoubtedly died of fibrous and serous pericarditis and diaphragmatic, pulmonic, and costal pleuritis. So far we are perfectly agreed, and also in the opinion that it probably began in the left side, and only latterly extended to the right. But when it is further maintained, that false membranes may be formed in the course of three or four days, but not real suppurations, erosions, and such considerable thickenings as occurred in the pericardium and heart—this is an assertion to which I must afterwards revert.

It endeavours further to prove, that the inflammation arose from a blow on the chest on the 20th of February, from the hand of her master. With this view of the origin of the complaint, which is supported by reasons somewhat ingeniously pressed into the service, the Central Medical Board does not agree. As the accusation brought against me is not affected

by it, I merely allude to this opinion, as I do to that of the inflammation being already at that time stealthily at work, because it proves that the District Board itself was of opinion, that this was a case of neglected pleuritis and pericarditis; and in spite of this admission, its decision only bears on the danger and curability of inflammation of the heart and chest in general, instead of pronouncing *in specie*, as clearly it was for it to do, on a case of neglected pleuritis and pericarditis; for this important circumstance entirely alters the state of the case. No experienced physician will maintain, that it is just the same as regards the prognosis, whether one is called in on the first or the eighth day to a patient affected with pneumonia; and yet the District Board gives this circumstance, which, had I been really liable to blame on the score of neglect, would have been of so much importance to me, as it would have gone far to clear me—it gives this no further consideration, but pronounces its judgment, as if there were no difference whatever between a recent and a neglected inflammation. I lay no claim to indulgence on the part of allopathists, but impartiality I may surely expect at their hands. When the report gives to the proposed question, "whether pleura and inflammation of the heart may be classed among those diseases which may generally be cured by appropriate medical aid?"—an unconditional affirmative, it must have had regard to the stage of the complaint, and not designedly passed over a circumstance so intimately affecting the prognosis. This report proceeds to say: by the *early* application of antiphlogistic measures, such as bloodletting, the administration of mercury, saltpetre, or antimony, the former almost always, the latter, to say the least, very frequently, are cured. But here an *early* application was now out of the question, and, therefore, I might let the statement pass without injuring my cause, since the question in this place respects *timely*, and not, as in the case of Christian Knoll, *tardy* aid; but the assertion is in such glaring opposition to experience, and betrays so complete an ignorance of most notorious facts, I must dwell a little on it.

If these gentlemen, the authors of the report, had only bestowed a little consideration on the many thousand dissections, in Paris and Vienna, which in recent times have so much enriched the pathological anatomy, of persons who have died of

diseases of the chest, the incompatibility of these with their own assertions, would at once have flashed upon them; for, as is well known, the case is just the same in Prussia in regard to the great mortality of inflammations of the heart and chest. Krüger Hansen (Zeitgemässe Betrachtungen uber das Verfahren der Pneumonien: Rostock, 1841) shews, from the tables of mortality, that in Petersburg one quarter of the deaths were owing to inflammation of the thoracic organs. Philipp (Lungenund Herz-Krankheiten: Berlin, 1838, p. 310) states the proportion of deaths to cases treated on an average as one to three. A. Bequerel informs us, that, in 1838, in a Parisian hospital, out of 46 pneumonic patients, 40 died (Schmidts Jahrbucher, vol. 24, p. 325). In the clinical wards at Heidelberg, in 1824, out of 12 cases of inflammation of the lungs, 5 were fatal (Med. Annalen, 1835, vol. i., pt. 4, p. 539). Dr Buchner reports 3 deaths of pneumonia out of 6 (Hygeia, vol. xv., p. 512). Dr Louis lost 28 out of 78. At Vienna, in the winter, 8 out of 12 died, and in the year 1840 the result gave 92 cured, 4 dismissed as relieved, and 26 died (Hygeia, i. 57).

In the *Charité* at Berlin, in 1837, one-half of the whole number of pneumonic patients died (Hygeia, vol. xvi., p. 200). But why should I multiply quotations to prove the generally acknowledged fact, *that inflammation of the thoracic organs is a highly dangerous complaint?* The Central Medical Board, indeed, allows this, and adds that often the most appropriate treatment, though it should be adopted at the very beginning of the illness, is unable to remove it.

One needs no commentary to perceive how little the results of experience at the most celebrated hospitals, tally with the opinions of the Local Medical Board, given without any reason assigned; for a mortality of one-third (nay it is often one-half), does not say much for the easy curability of a disease. Nothing can be laid to the charge of the treatment in these instances, for, in them, every one knows neither bleeding, mercury, nor antimony were spared. These results of the antiphlogistic method of cure, which at once should, according to the Board, be so infallible a safeguard from death, and yet allows half its patients to expire, were not such, as may well be imagined, as to induce me to abandon a system which presents

far more brilliant results, as I shall presently shew, although, in this particular neglected case, I could hope little from it, and consequently formed an unfavourable prognosis.

To the next question: "Whether the complaint by timely discovery and proper treatment may be cured?" the report replies to itself in like manner in the affirmative, but quite forgets to apply the *timeliness* to the case in question; for, when the physician is called in on the eighth day of the pleuritis and pericarditis (as was the case according to the reckoning then Board), prejudice alone could induce a person to speak then of *timeliness.* Therefore, though we were willing to let the favourable prognosis pass as a general question, which, however, those above cited facts do not allow us to do, yet, in this particular instance, it would be quite inadmissible. The report of the Medical College treats this question much more advisedly.

The unconditional affirmative to the question, "whether inflammations of the heart and lungs are easily recognizable maladies," is a point I shall not dispute with the District Medical Board, though I might do so. I may venture, however, to remind them, that the matter is not always so easily determined, as is proved by the case of Dr Di Grossi, who perished under the antiphlogistic treatment here so highly vaunted. He died of anœmia; whereas the physicians at Munich, and these not assuredly the very least eminent, treated him as if suffering from pneumonia.

I now come at once to the question, "Whether I knew the real complaint?" The report, while it allows that I pronounced the complaint to be a highly dangerous inflammation of the chest, lays it to my charge that the affection of the heart escaped me; but again without foundation, for in my medical report, after the example of Hahnemann, I purposely avoided giving any definite name to the complaint, and only exhibited a picture of it such as it appeared. But, the symptoms of a deep-rooted heart-complaint were not so clearly marked as the report represents. There were wanting, *e.g.*, fainting on motion, and the secondary symptoms which are usually observed in the left arm.

At this particular point, where the object is to lay the blame of the death on my homœopathic treatment, in the reply to the

question, "whether on the 28th of February there was not still a possibility, nay probability, of death being averted," we have a marked proof how, when one abandons pure and simple experience and its lessons, and seeks to establish by inferences from unproved premises, whatever he chooses to believe, he is entangled in contradictions. "It is certainly doubtful," it is there said, "whether an allopathic physician in the time mentioned might have subdued inflammation in two such important organs;" but, immediately after, "it is, *if not certain, yet probable*, that, by repeated copious bleedings, combined with other antiphlogistic measures, the fatal issue of the disorder would have been prevented." I own I do not understand by what rules of logic that, which at first is *doubtful*, presently becomes *probable, almost certain*, without any change in the state of the case. One could bring better proofs for the opposite assertion. A young pneumonic patient was bled 10 times within 10 days, losing each time 18 ounces; the patient died after swallowing 340 gr. of Tartarus stibiatus (Hygea, vol. xv. p. 512). Dr Neumann relates (Allg. Med. Central-Zeitg., 1842, No. 47) how a Dr Krassowsky killed his brother by means of 6 venesections, and many of Bouillaud's patients died under his *Seignées coup sur coup.*

It is acknowledged by the District Board, and rests upon documentary evidence, that, as early as the 21st, the girl Knoll complained of pain in the chest, and the inflammation was already secretly working, occasioned probably by mental emotion, and cold caught on the railway; and increased by the long walk of five German miles, on the 23d, as well as by want of rest and proper care on the following day. To these circumstances is attributable the fatal issue of a disorder which, with early homœopathic treatment, afforded a prospect of recovery.

The last question proposed, and replied to by the District Board in the negative: viz., "Whether my professional treatment was fitted to avert the fatal termination of the inflammation of the lungs, of which I was aware?" leads the framers of the report into a field where I must altogether deny their competency to pronounce on my conduct, as confessedly they understood nothing of Homœopathy.

None but a Board of respectable homœopathic physicians can pronounce an authoritative judgment on the propriety of my method of cure. In the description of the homœopathic system of medicine, given as the foundation of their decision, they not only betray a most perfect ignorance, but, under the appearance of established facts, string together many untruths, as I shall soon prove. First, however, let me be allowed to remark, how strange it cannot but be considered, that two physicians, quite unacquainted with the system, should take upon them to decide a dispute, which divides the medical world into two parties, the question of the relative merits of Allopathy and Homœopathy. It is not very much to be wondered at, that they, themselves a party, and devoid of all principles of justice, should condemn, on grounds of mere probability, a proceeding of the other party, since, at the very starting point, they confound possibility and probability.

But let me examine the matter more minutely. When the report maintains, "that, in Allopathy, the remedies must not only be fitly chosen, but administered in quantities corresponding to the complaint," — this is a principle homœopathists equally recognise; but their own experience has taught them to form other conceptions of the quantity required than those of the old school, for they have witnessed the sufficiency of the power of far smaller doses. "That the more ancient method of cure consists in observing, watching, and imitating the healing processes of Nature," is only partially true, as every one knows; it suffered many fanciful theories and speculations to influence it; thus, for instance, in the time of Brown, it discovered only asthenia, where now it sees around nothing but inflammation.

Certainly it is in the treatment of inflammation the views of the allopathists and the homœopathists stand in the most marked opposition. While the former declare the omission of bleeding and antiphlogistic remedies to be highly dangerous, the latter ascribe the ill success of these means of cure to the measures themselves. When people try not only to be abusive but also to be intelligible, they are bound to furnish solid reasons for their opinions.

Louis in Paris witnessed similar results in pneumonia, whether blood was taken or not. Krüger-Hansen declares that he cured 80 out of 81 pneumonic patients, by means of a treatment opposite to the antiphlogistic. Stoll restored his pleuritic patients without bloodletting, in from 4 to 5 days, while Schönlein, with copious bleedings, took from 7 to 11. One of the head physicians in the public hospital at Vienna, for many years back, prescribed no bleeding in pneumonia, and his success was greater than that in the other wards. (Dr Wurm in Hygea, vol. ix. p. 50.) The results obtained in the homœopathic medical establishments are still more decisive.

Dr Fleischmann in the Hospital of the Sisters of Charity at Vienna—(See Hygeia 12,231. *and* 14,355.)

Diseases.	Years.	Treated.	Cured.	Died.	Under Treatment.
Pneumonia,	1838	20	19	1	...
	1839	26	23	2	1
	1840	51	45	2	4
	1841	41	37	4	...
	Total,	138	124	9	5
Pleuritis,	1838	52	50	...	2
	1839	17	10	4	3
	1840	29	28	1	...
	1841	6	4	...	2
	Total,	104	92	5	7
Endocarditis,	1840	7	5	...	2
	1841	20	19	...	1
	Total,	27	24	...	3

Thus, in 269 severe inflammations, 14 deaths. The proportion as 1 to 19; in the *Charité* at Berlin, as already mentioned, as 1 to 2, sometimes indeed 1 to 3. Lest it should be objected, that trifling cases only had been produced, let me mention, that two of those suffering from Endocarditis, were ausculted by Skoda, who diognosed a considerable effusion in the pericardium. In the Homœopathic Hospital at Guns (Archiv.

f, Hom. heilk. 19. 2. 118, and Allg. Hom. Zeitung 24. p. 188), there were,—

Diseases.	Years.	Treated.	Cured.	Died.	Under Treatment.
Pneumonia,	1840	9	8	...	1
	1841	7	7	...	...
	1842	2	2	...	...
	Total,	18	17	...	1
Pleuritis,	1840	4	4		
	1841	3	3		
	1842	4	4		
	Total,	11	11		

Thus, in 29 inflammations of the chest, not a single death. Of course, in neither hospital was there any question of bleeding, or the other antiphlogistic measures; and yet what brilliant results, compared with those of the old school.

I shall not discuss the remaining short objections of the Report to Homœopathy, as they have no very close connection with the illness in question, but shall confine myself to the refutation of the misrepresentations which, as the grounds of the final decision, are given below.

1. "That by numerous comparative experiments instituted in large hospitals, under the inspection of the State, the inoperativeness of the homœopathic method of cure, in all inflammatory diseases of importance, is proved to demonstration.

2. "That the difference of opinion as to whether the smaller or larger doses are the most effectual, which divides the physicians of this school, is becoming yearly more manifest.

3. "That it is openly acknowledged by a number of eminent physicians, who still adhere to homœopathy, that this system is not sufficient in cases of acute inflammation of important organs, especially those in which there is a tendency to the erudation of plastic lymph, and some of the coryphœi of this

doctrine, such as Rau, Müller, Rummel, and Schubert, have, expressly, in print, declared the indispensableness, in particular, of bleeding."

In reference to 1, I might have referred to the above mentioned results in inflammations of the chest in public hospitals, just because they are *public* establishments, but I will exhibit another list of the cures hitherto published. The experiments of Marrenzeller at Vienna, and those of Dr Herrmann at Tulzyn, are the *only* experiments of importance instituted under the particular direction of the State, and are, therefore, also given.—(Archiv f. Hom. heilk. 20. 1).

Place.	Number treated.	Cured.	Relieved.	Uncured or incurable.	Died.	Brought in a dying state.	Under treatment.
Marenzeller's experiments at the Military Hospital at Vienna, ...	43	32	5	...	1	...	5
Military Hospital at Tulzyn, ...	165	141	...	...	6	...	18
Homœopathic Hospital at Güns, ...	738	666	5	10	29	17	11
Homœopathic Hospital at Gyangyos, ...	271	219	7	14	11	15	5
Homœopathic Hospital at Leipzig, ...	4665	3984	127	297	157	31	69
Hospital of the Sisters of Charity at Vienna, ...	5161	4711	89	...	267	33	61
Infantry Hospital at Petersburgh, ...	409	370	4	7	16	...	12
One division of the Cholera Hospital at Munich,	249	230	...	14	5	...	...
	11,701	10,353	237	342	492	96	181

At the proper places of experiment, therefore, 6 out of 208 died. The proportion on an average, 1 death to 34 cases. Taking the whole number, 492 died out of 11,606; the proportion about 1 to 23½.

Let me now, to compare the results, cite those of some Allopathic hospitals.

Place.	Number treated.	Cured.	Relieved.	Uncured.	Dead.	Brought in a dying state.	Under treatment.	Average proportion.
Marine Hospital at St Petersburg, 1837, ...	3356	2261	...	...	773	...	322	1 : 4½
All-Saints Hospital at Breslau, 1838, ...	2443	1701	105	60	409	...	168	1 : 6
City Hospital of Ofen, 1841, ...	1078	...	...	...	157	23	...	1 : 6⅞
Hospital of the Brothers of Mercy at Ofen, 1841,	939	...	...	...	95	14	...	1 : 9⅞
Charité at Berlin, 1832, 1838, ...	50,385	...	...	...	6179	...	...	1 : 8⅛
	58,201				7613	37		1 : 7⅝

The mortality in the homœopathic establishments, 1 to 23½, is, therefore, *twice* as favourable as that in the most famous allopathic hospitals; which fact proves the assertion of the District Medical Board to be an altogether unfounded misrepresentation.

In reference to 2. The eligibility of the greater or smaller doses is doubtless a question amongst the homœopathic physicians; but this question is of quite a different nature from that ascribed to it by the District Medical Board, for it respects only greater or smaller doses in the homœopathic sense, *i. e.* whether doses of the 2d and 3d dilution, or of the 20th and 30th, are the most effectual and suitable; and doses of the 2d or 3d dilution (1 : 10,000 and 1 : 100,000), which, in the homœopathic sense, are very large, must always, in the eyes of our opponents, appear very small, since they do not think it worth while to prove the point by any adequate experiments. In the homœopathic sense, therefore, I repeat, the doses administered to the girl Knoll were by no means small, but on the contrary large.

In reference to 3. The report here ventures on to a field

where evidently it is far from being at home. It is not true that Rau, Müller, Rummel, and Schubert, openly in print maintained the necessity of bleeding, and I call on the District Medical Board to prove the truth of their assertion by actual quotations. In reality, it is quite contrary to fact. Müller and Rummel, who only abandoned Allopathy by degrees, did, it is true, at first put forth arguments whereby to secure to themselves the liberty of practising in particular cases either homœopathically or allopathically, as they judged best, and to empower each physician to choose for himself in the matter. But throughout the controversy which then arose between them and the strict adherents of Hahnemann, they never maintained the necessity of bleeding, but merely expressed an opinion, that, in special cases, it might be had recourse to without particular injury. (Allg. hom. Ztg., vol. ii. No. 1.)

In the mention of Schubert, the district medical board have been guilty of a ludicrous confounding of *pro* and *con*. In this controversy before alluded to between Müller, Rummel, and Kretschmar, Schubert wrote a pamphlet entitled, "Can the genuine follower of Homœopathy, with a good conscience, adhere to a purely Homœopathic practice? A Contribution towards an estimate of the charge of insufficiency recently brought against this system of Medicine," &c.,* where he proves the sufficiency of Homœopathy in all complaints. Rummel subsequently expressly gives his opinion against the necessity of bloodletting in cases of inflammation; and all homœopaths of note, such as Stapf, Wolf, Gross, Fielitz, Trinks, Hartmann, Haubold, Wurm, Schneider, besides many more, are of the same mind. Elvert and Kammerer wrote pamphlets expressly against bleeding.

Rau only so far allows bloodletting, that he, in a general way, includes the allopathic method among the different modes of treating diseases; but he *never* said a word of the indispensableness of bleeding. The *grounds of the opinion*, that I was to blame in neglecting those measures whereby, according to allopathic principles, the deceased might possibly have

* Kann der genaue Kenner der Homœopathie mit gutem Gewissen rein homœopathisch verfahren? Ein Beitrag zur Würdigung des dieser Heillehre neuerdings gemachten Vorwurfs der Unzulnglächkeit, u. s. w. Pirna, 1838.

been cured of the inflammation of her lungs and heart, and her death averted, *are, therefore, rejected by me as unsound and untenable.* On the contrary, I made use of a method of cure, which, according to the experience of others above referred to, and my own, even, in a desperate case such as this, afforded some hope of recovery. The assertion, "that my treatment was not fitted to avert the fatal issue of the inflammation of the heart and lungs (more correctly of the pleuritis and pericarditis), and that her death was probably only attributable to the want of a necessary condition, for the cure of her, even in itself trifling (?), lesion of the chest—attributable, in short, to an inappropriate medical treatment"—is thus shewn to be *utterly untenable and erroneous.*

I now proceed to the Report of the Medical Board at Magdeburg. This body fully confirms the statement I have been proving, "that the malady of Knoll belonged to a class of diseases which in the highest degree endanger human life, and it is often found even in cases of this kind, that the most judicious treatment from the very beginning cannot arrest the disease, sustain life, and avert death." In reference to my mode of treatment, it is there said, "that all those physicians who respect the system sanctioned from the remotest ages, would have treated the patient differently than was done according to the circumstantial detail of the coroner's report. From Dr Baumgarten, who is a homœopathist, such a treatment could not be expected; but, on the other hand, he had employed those measures which the homœopaths believe to be useful in curing inflammations. The State permits, advisedly, the homœopathic method of practice, and so the Medical Board cannot enter into a criticism of this, which would lead to nothing."

Contrary to the judgment of the District Board, the position of an official authority, superior to and unconnected with the party, is here rightly apprehended. The Central Medical Board would have treated the patient differently, otherwise it were no allopathic body; but it asserts with honourable openness the freedom of medical practice,—the only condition being, that the physician should act according to the best of his knowledge, and with full conviction. If a water-doctor

had wrapt this patient in wet sheets and blankets, and applied wet cloths to the chest, conforming thus to the hydropathic prescriptions, the same judgment would be applicable, so long as there are no laws to proscribe this treatment, for otherwise we should soon have a stationary medical practice worse than the Chinese, which we all agree in repudiating. The expression, "the system sanctioned from the remotest ages," is but a figure of speech, as every one acquainted with history knows; for the *present* antiphlogistic practice is by no means so old as it would fain appear.

Finally, as regards the report of the Committee of Medical Science. It declares, indeed—but the assertion is unsupported by proofs—that the cure of the said inflammation demands a decided and direct course, and that the aconite and belladonna administered were altogether inefficient. But it quite forgets all this while, that we have no medical code of laws to which each must conform his practice; but each physician is free to adopt the treatment the most recommended by his own experience; and there is not even a perfectly uniform antiphlogistic practice, but each school and each physician gives it a different modification. When people began to consider nitre too weak, calomel became the sheet-anchor; after that prussic-acid was a short time in vogue, but was soon superseded by antimony and digitalis; and now, indeed, Clarus has combined the use of valerian with bleeding; and there is a prospect of the despised aconite soon taking the place of the other, for already Kindervater (Holscher's Hannov. Annalen f. d. ges. Heilkunde, 1841, part 6,) places it before all antiphlogistic measures, though, to be sure, he takes good care not to mention the source of his wisdom. This is the way in which they already begin to pilfer from Homœopathy.

If we are to have medical laws to prescribe our practice, they must also fix how often the doses and the bleeding are to be repeated, for otherwise we shall not know whether to stop short at the second or third time, or go on to the sixth or eighth.

Moreover, I have given above irrefragable proofs that the method of treatment which conforms to the Homœopathic principles presents far more splendid results than those of the

old school—one death out of ten pneumonic patients—while, under the old school, one out of every two or three cases is fatal.

There is documentary proof that I pronounced the disease a very dangerous inflammation of the chest. I certainly did not mention the pericarditis; but when, as was then the case, one is speaking for the non-professional, he often employs the more general term inflammation of the chest, instead of the more special designation of the particular organs of the chest. I have, besides, made the needful explanation when commenting on the report of the District Medical Board. As to the delusion I am supposed to have laboured under respecting the amelioration occurring on the second day of the treatment, the charge is quite groundless; for, in my Medical Report I only spoke of an improvement in the general symptoms, because the state of the skin and pulse indicated a reaction: but I added, that the immobility of the chest remained the same. Now, every one acquainted with the Homœopathic practice is aware, that after the administration of suitable remedies, the general sensations and particular symptoms are often improved before the main disease is affected. What also contributed to this in the present case was, as the autopsy afterwards proved, that nature succeeded in again removing the serous portion of the plastic exudations by absorption, and the consequent diminished pressure on the lungs allowed of an improvement in other respects. Every one knows, that, in pleuritis and pericarditis, the exudation occurs pretty soon, and it had already occurred, when, on the 28th, I was sent for to the patient. This was further confirmed by the symptoms of checked vitality in the other organs, which do not appear without a high degree of inflammation, such as paleness of the countenance, the livid hue round the mouth and nose, the cool and dry skin, the clouded sight. The *post-mortem* examination also went to prove this, for the serous part of the plastic exudation, which is first reabsorbed, was present only in a small quantity; the plastic lymph itself not yet much organized, but a portion of the plasma running in the shape of purulent matter, as Rokitansky not unfrequently found to be the case. The aconite and belladonna, by their action on the bloodvessels

were clearly more serviceable here than would have been profuse bloodletting, which would but the more speedily have destroyed the sinking vitality. Indeed, it is probable that, had I been sooner applied to, and thus been able to render *timely* aid, the operation of these remedies might even have induced recovery.

Concerning the omission of the measures held indispensable by all experienced physicians, what I have already said may suffice. I would only remark, that even many eminent allopathic physicians are against bleeding so late as the eighth day.

But it is truly grievous, learned gentlemen of the Commission, that, by using this expression, you should so flatly set down as inexperienced the not inconsiderable number of homœopathic physicians. Their diversified experience says quite the reverse, and warrants their claim to respect, for figures speak. It is not possible that a board of allopathic physicians, ignorant of this experience, and therefore taking the part of their own system, should be able to judge of the judiciousness of homœopathic treatment. My supplying myself the medicines arose from the fact, that the administration of homœopathic remedies is not forbidden by the law, and that here, at Magdeburg, there is no homœopathic apothecary, and therefore medicines that may be relied on are not otherwise obtainable, for the guarantee is wanting absolutely required by homœopathic practitioners, especially in such dangerous complaints.

As respects the views of the examining bodies, it is not for me to pronounce a judgment; and I simply observe, that they declared themselves satisfied with my knowledge and principles, and that my own opinion is, that, by a right knowledge of Homœopathy, I have very mnch increased my advantages in the cure of disease.

As I cannot deem a purely Allopathic Medical Board competent to judge of this case in an authoritative manner, I have taken the liberty of publicly submitting it, through the *Allg. hom. Zeitung*, to the judgment of all medical men.

Magdeburg, July 30, 1843. Dr B.

REMARKS ON HELIANTHUS ANNUUS AND LICHEN.

By Dr Harris Dunsford of London.

The following observations on *Helianthus annuus* are chiefly extracted from the Bibliothèque Homœopathique de Genève, edited by Dr Charles Peschier, who, by his active and scientific exertions, has greatly contributed to the improvement and extension of homœopathic practice. I have added the result of my own experience, which at present is but limited.

M. l'Abbé de Cessoles of Nice made various trials with the *Helianthus*, and he employed the expressed juice of the flowers just before expansion. The fluid thus obtained was mixed with an equal quantity of alcohol, and the dilutions were then made in the usual manner.

M. de Cessoles, wishing to ascertain the pure pathogenetic effects of this plant, tried it on himself. He was at the time in good health, with the exception of a slight nasal obstruction—the secretion from the nose passing constantly through the posterior nares; after a short time, slight epistaxis occurred, and the nostrils became free. During the ensuing winter, the secretions continued healthy, and were discharged through the natural passages.

Some experiments were made on rabbits; they died with trembling and stiffness of the hind legs.

Helianthus has been used with marked success in coryza, and has proved efficient in the treatment of nasal hemorrhage, and of thick scabs in and under the nose. Dr Flores considers that it is an excellent palliative (until antipsoric treatment has destroyed the tendency) in persons predisposed to cold. M. de Cessoles has made the same observations.

It has proved of great value in the treatment of ague. An instance is reported in the Bibliothèque Homœopathique de Genève, of a patient, aged 50, afflicted with a tertian intermittent fever, in whom the remedy produced a more violent paroxysm, which commenced five hours earlier than the preceding; but on the following day there was a very slight attack,—it was the last the patient experienced.

Dr Flores advised the remedy to be given in solution, at

intervals of two or three hours, continuing it for some days—the dose being always taken at the time of day corresponding to the hour at which the first remedy had been administered.

Periodical headaches have frequently been relieved by the *helianthus;* and in one case of epileptic convulsions, related by Dr Flores, an attack which had happened daily, recurred four hours earlier than usual, and did not again come on.

This medicine appears to be useful in cases in which *arnica* is employed; and as it grows in every garden, it may be made available at all times. It has been employed externally as a lotion, by mixing the tincture with water.

In contusions and sprains, wounds and excoriations of the nipples, it has proved very valuable as an external application, along with its internal administration. In a case of injury to the head from a fall, with severe wound of the scalp, the recovery was unusually rapid. In a case of chronic rheumatism, a patient who had been bed-ridden, was, after taking the remedy, able to walk with the assistance of crutches.

In suppression of the menses it proved useful; and in a case where alarming congestive symptoms preceded the first appearance of the catamenia, they speedily disappeared; and in the total suppression of many months, they quickly reappeared. In other cases, when the menses were too scanty, they were restored to the natural state.

Retention of urine has been removed by this remedy; and dysuria, attended with a sanguineous discharge, was relieved by it.

My own experience as to the virtues of the *helianthus* has been almost entirely confined to its employment in catarrh, my occupations not having allowed me time as yet to make trials on the healthy subject. In coryza, especially at the commencement, where there is a considerable discharge from the nose, about one-half of the cases I have treated have yielded to the remedy in the course of twenty-four hours. If the *helianthus* has not proved successful—*Lichen*—the symptoms produced by which so much resemble those of an ordinary "cold"—will, in most cases, be found efficient.

In a lady, about 40 years of age, violent *vomiting* was produced by apparently too powerful a dose of the medicine.

This effect recurred frequently, though in a slight degree, when *helianthus* had been administered for an ordinary catarrh. I have usually employed the third or sixth dilution, and occasionally the thirtieth, which seems more calculated to relieve the chronic form.

A few trials only have been made with this plant on healthy persons; but I think it bids fair to become an invaluable remedy in catarrh, so frequent a precursor of serious and often fatal maladies. It will thus be a valuable acquisition to our Materia Medica, which is rather deficient in remedies of this description.

*Lichen** is said to be a specific remedy for distemper in dogs. It has only been slightly tried on the healthy subject; but, from the few observations already made, it appears to correspond with the ordinary symptoms of catarrh. The effects produced in two or three healthy persons were, "Throbbing pain in the forehead—confusion of thought—discharge from the nose, excoriating the healthy skin—cough, produced by a tickling sensation in the throat, occurring two or three times in the day; but when the fit comes on, it lasts nearly a quarter of an hour—diarrhæa—red blotches round the nostrils and on the chin, exuding moisture—sore throat (low down)."

I have found *Lichen* of great use in ordinary colds, especially in bronchitis; and also in a species of spasmodic cough, resembling the bark of a dog. I have very promptly relieved several of these cases when the ordinary homœopathic medicines, belladonna, hep. sulph., &c., had produced no effect. I administered *Lichen* to a boy 8 years of age, who, after the subsidence of hooping-cough, had occasionally experienced symptoms of a barking character, which had lasted several months. After the administration of the remedy, the cough almost immediately left the patient, and it has not returned, although some months have since elapsed.

* The specimen sent by our correspondent was imperfect, containing no apothecia or shields; but was pretty evidently the *Lichen caninus rufescens* of older botanists, the *Peltidea rufescens* of Acharius, which formed the chief ingredient in the *Pulvis antityssus* of Dr Mead. See Lightfoot's *Flora Scotica*, p. 847. 1777. [EDITORS.]

ARE THE OBSTACLES TO CERTAINTY AND SIMPLICITY IN PRACTICAL MEDICINE INSURMOUNTABLE?*

By Samuel Hahnemann.

Written in 1797.

Dr Herz's essay "*On the Medicinal uses of the Phellandrium aquaticum*," &c., in the first part of the second volume of the *Journal für praktischen Heilkunde*, plunged me into a sort of melancholy, which only by dint of long-continued reflection has given place to a remote but lively hope.

Here one of the most thoughtful physicians of our time, after twenty years of active practice, finds himself obliged repeatedly to make the open, but most melancholy acknowledgment: (p. 40.)

"That we can lay no claim to the attainment of the ideal of simplicity in medical treatment."

"That the hope of ever arriving at perfect simplicity in medical practice, cannot be otherwise than very feeble:" (p. 47.)

The obstacles to pure observation of the effects of medicines in the various diseases, he enumerates with most overwhelming fulness of detail, and there he leaves us alone in the old well-worn path of uncertainty, almost without a cheering glance at a better futurity, a simpler, surer method of cure; unless we are to reckon his very complaints as foreshadowing coming improvements, just as the warmth of the sceptical casuist has always appeared to me, a proof of that immortality he would deny.

I myself felt the external hindrances to our art more than I could have wished; they continually beset my sphere of action; and I, too, long considered them insurmountable, and had almost made up my mind to despair, and to esteem my profession as but the sport of inevitable accident and insuperable obstacles, when the thought arose within me, "*are not we physicians partly to blame for the complexity and the uncertainty of our art?*"

Obedience of Patients.

I have seen medical men take under their care patients who

* From *Hufeland's Journal der praktischen Arzneikunde*, vol. iv., part iv., page 106. 1797.

had only half confidence, and from whose demeanour any one might perceive that they put themselves under the physician whom they had chosen, not from any enthusiastic regard for him, not purely from the wish to be cured, nor from a strong desire to be relieved from their sufferings. How could implicit obedience be expected from such persons? And even when they spoke of, and commended in common place terms, strict attention to the physician's orders, could he trust them, and with confidence ascribe the issue to his prescriptions, his medicines? By no means!

Diet and Regimen.

It is a constant complaint of physicians that patients will not observe the prescribed diet. Who shall give them assurance of such compliance? and how impossible, then, is it to determine the issue of a disease, or the effect of the remedies employed, since on this point we can in no case attain any certainty?

Pardon me! We may be perfectly sure of such as with implicit confidence entrust themselves to the care of their almost deified physician. Of course, others are less to be relied upon.

Methinks, however, that medical men when thus complaining, do not draw a sufficient distinction between, 1*st*, The *dietetic faults* which produced and kept up the patient's disease; 2*d*, Their ordinary *indifferent diet;* and, 3*d*, The *new dietetic regulations* laid down by the physician.

If, with respect to the first of these (the correction of dietetic excesses), the physician thinks that he does not possess sufficient authority with his patient, who will not pay strict attention to rules, rather let him dismiss such fickle-minded persons; better no patients at all than such!

Who, for example, would undertake to cure a drunkard of induration of the liver, who merely consulted the physician *en passant*, because, perhaps, he met him in the street; or had some business-matters to arrange with him; or, because the physician has come to reside in the neighbourhood; or has become a connexion of his; or for some other trifling reason, but not from having implicit confidence in his skill? What immense influence the medical man must have with

such a confirmed debauchee, to feel assured that he will pay attention to his orders, and daily diminish his allowance of the poisonous liquor!

A patient with such bad habits must shew, by some considerable sacrifice, that he intends to submit himself entirely to the will of the physician. The physician would do well to try to dissuade him from attempting to be cured; to represent to him, in strong terms, the difficulties which his ruinous vice throws in the way, and the magnitude of the disease. If he return repeatedly, and express his willingness to make any sacrifices, then, what should prevent the physician trusting him, so long as he sees indubitable proofs of his resolution? If he cannot withstand temptation, then let him go his way; he will, at any rate, not bring discredit on the art, nor disappoint the hopes of the much-deceived physician.

Are there not enough of patients, who, when solicitously advised by a universally esteemed physician, will scrupulously abstain from eating pork during a quartan fever, and for months afterwards; who will carefully avoid potatoes, if they are asthmatic or leucophegmatic; sedentary occupations and sour wine, if they are gouty?

In the case of a woman affected with a nervous disorder, should not a good physician be able to effect a gradual diminution in the quantity of coffee taken; or, if otherwise, will he not be able to perceive that she will not follow his advice? From my own experience I can say, that it is no uncommon circumstance to meet with both these cases; and in each the physician may reckon with certainty on his observation.

If we go to work in this manner, we shall attain to a high degree of empirical certainty. Is this not certainty? Or does the statesman, the teacher, the lawyer, the merchant, the general, possess any other than empirical certainties? Or is there any other positive rule to guide us, in any imaginable profession in which the free-will of man is involved?

But is the ordinary diet of those classes of the community who are not altogether corrupted, of such an objectionable nature, that we are compelled, in every disease, to prescribe a new one? This is one of the rocks on which so many physicians split. In every acute or chronic disease that comes under

their notice, they earnestly insist on a very complicated artificial system of diet, withholding many things, and ordering a host of others.

Do we physicians, however, know with such extreme precision, the effects of all kinds of food, as to be able with certainty to say, in this case such and such an article of diet is to be taken, and this and that other to be avoided? How does experience refute our fancied omniscience!

For what a length of time did our forefathers insist in their so-called hot (putrid) fevers with diminished vital power, on watery drinks, tea, &c.; and exclaimed against beer and wine as little better than poison—which, however, the patients long for so much, and which is now the main support of our practice! How long did we forbid fresh meat in cases of hæmorrhage from passive plethora, in wasting pulmonary complaints, in scurvy, and in most other chronic non-gastric diseases, where it is now reckoned, if not a perfect panacea, at any rate indispensable! A universal diet, like a universal medicine, is an idle dream; but speaking generally, nothing is more wholesome than fruit in abundance, and green vegetables *ad libitum;* and yet they frequently oppress the stomach of one whose blood is thin, and who is enervated by the confinement of the sick-room, and increase in him the disposition to heartburn, flatulence, and diarrhœa! Roast-beef and raw ham are considered more difficult of digestion for a relaxed stomach than veal boiled to rags. Coffee has the reputation of strengthening and assisting digestion, and yet it only hastens the expulsion of half-digested food from the bowels. I have seen weaned children crammed to death with wafer-biscuits, and perishing in numbers of jaundice. My expostulations on the indigestible nature of this unleavened and hard-baked mass of dough, were of no avail against the plausible folly of my colleagues—" it is impossible to imagine anything lighter (in weight), or more tender (to the touch)!"

I once knew an ignorant over-officious practitioner prescribe such a severe diet to a healthy young woman after a favourable first-labour, that she was on the eve of starvation. She held up for some days under this water-gruel diet—all meat, beer, wine, coffee, bread, butter, nourishing vegetables, &c., were

denied her; but at last she grew excessively weak, complained of agonising after-pains, was sleepless, costive, and, in short, dangerously ill. The medical attendant attributed all this to some infraction of his dietetic rules. She begged to be allowed some coffee, or broth, or something similar, The practitioner, strong in his principles, was inflexible: Not a drop! Driven to desperation by his severity and her hunger, she gave way to her innocent longings, drank coffee, and ate in moderation whatever she fancied. The practitioner found her, on his next visit, much to his surprise, not only out of danger, but lively and refreshed; so he complacently noted down in his memorandum-book the success of slop-diet on lying-in women. The convalescent took good care not to hint to him her natural transgression. This is the history of many, even published observations! Thus the disobedience of the patient not unfrequently saves the credit of the physician.

Is the *error calculi*, in such a case, the fault of the art or the patient, or is it not rather the fault of the physician?

The artificial diet prescribed by the physician, is frequently much more objectionable than the accustomed diet of his patient; or, at least, he frequently does wrong in rejecting the latter all at once.

If the physician would do well, in order to observe more distinctly and simply the course of the disease and the effects of his medicines, not to give any orders at all about the diet, except with regard to articles of which he possesses a positive knowledge, and these will be but few; he would also be consulting the good of his patient by not depriving him of any thing which long habit had rendered innocuous, or perhaps indispensable.

A country midwife fell sick of a gastric fever. I purged her. I ordered her for drink, water and weak beer, and extreme moderation in eating. At first, things went on very well; but, after a few days, a new continued fever, with thirst, wakefulness, weariness, confusion of ideas, came on to such an extent as to render her state dangerous. I left none of the ordinary remedies untried. All in vain. I now left off every thing, from the sulphuric acid to the soup (at that time I was not sufficiently acquainted with the properties of opium), and

promised to prescribe something on my return. I informed the relations of the danger I apprehended. The following day I was told that the patient was recovering, and that I need not give myself any farther trouble. To my astonishment, I saw her pass my window, a few days afterwards, perfectly recovered. I subsequently learned, that when I had discontinued the medicine, a quack had been called in, who had given her a large bottle of essence of wood, his universal medicine, and told her to take so many drops of it. No sooner had she tasted the brandy in it than she gained, as it were, new life. She took the drops by spoonfuls, and, after a good sleep, she rose completely cured.

This happened when I first began practice, else I should have ascertained at the commencement that, when in health, she could not live without her daily dram, consequently could not recover without it.

It is far less frequently necessary than most physicians think to make a material alteration in the diet of patients suffering from chronic complaints, at least in ordinary cases; in acute diseases, the awakened instinct of the patient is often considerably wiser than the physician who does not consult nature in his prescriptions.

We do not now allude to cures effected by dietetic rules alone, which, if simple, are not to be despised, and which are very serviceable in many cases. What we particularly call attention to is, the frequently useless change of diet, when treating a case with medicine, whereby the simplest method of treatment is rendered complex, and an hermaphrodite result is produced, of which I would defy Œdipus himself to guess what part was owing to the new diet, and what to the medicine.

We must certainly prohibit what we know to be hurtful in this or that complaint; but this can at the most be but two or three articles of diet. In chronic diseases, the gradual disuse of these (for sudden suppression is always dangerous in such affections), cannot produce any great revolution in the system; cannot, therefore, have much effect in deranging the pure action of the medicine we are using.

If it be necessary to make considerable changes in the diet

and regimen, the ingenuous physician will do well to mark what effect such changes will have on the disease, before he prescribes the mildest medicine.

A deeply rooted scurvy can often be cured by the united action of warm clothing, dry country air, moderate exercise, change of the old salted meat for that freshly killed, along with sour-crout, cresses, and such like vegetables, and foaming beer for drink. What would be the use of medicine in such a case? To mask the good effects produced by the change of diet! Scurvy is produced by a system of diet opposite to this, therefore, it may be cured by a dietetic course—the reverse of that which produced it; at any rate, we may wait to see the result of this method, before we begin with our medicines.

Why should we render the syphilitic patient, for example, worse than he is by a change of diet, generally of a debilitating nature? We cannot cure him by any system of diet, for his disease is not produced by any errors of the sort. Why, then, should we, in this case, make any change?

Since this occurred to my mind, I have cured all venereal diseases (excepting gonorrhœa), without any dietetic rules, merely with mercury (and, when necessary, *opium*); the metal has not a debilitated constitution to act upon, and my patients recovered more rapidly than those of my colleagues. I also knew for certain, that every change that took place, either for the better or the worse, was owing to the medicine.

An old colonel, with "fair round belly," and apparently fond of the pleasures of the table, had suffered for the last forty years from ulcers almost all over the legs, and issues on the thighs. His food consisted of the strongest and most nutritive materials,—he drank a good deal of spirits, and, for several years past, he had been in the habit of taking a monthly purge. Otherwise, he was vigorous. I allowed the issues to heal up, made him keep his legs rolled up in a narrow flannel bandage, and immerse them daily a few minutes in cold water, and afterwards dress them with a weak solution of corrosive sublimate. I made not the slightest alteration in his diet; I even did not forbid the monthly purge, as he was so constantly in the habit of taking it. In the course of a year, his legs gradually healed, and his vigour rather increased than diminished in

his seventy-third year. He has remained now upwards of two years perfectly well. The legs have always continued completely healed. Can I suppose that he would have recovered more rapidly or permanently had I deprived him of his eight or ten dishes, and his daily allowance of liquors? Had I changed his diet, and had he grown worse, would I have known whether this unfavourable turn proceeded from the food so much lauded in works on dietetics, but so different to what he had been accustomed to, or from my external applications, for I gave nothing internally? It would have been easy for me to conform to the schools, and sacrifice my patient methodically to the ordinary dietetic regulations; but how could I at the same time abide by my conviction, my conscience, and that prime guiding principle of the physician, *simplicity?*

I have no intention of exalting myself at the expense of my brethren, when I acknowledge that I have cured the most difficult chronic diseases, without any particular change of diet.

I consider that I do quite enough if I advise moderation in all things, or diminish or forbid altogether particular articles of diet, which would be prejudicial to the object I wish to accomplish; as, for example, acids, when I am employing stramonium, belladonna, foxglove, monk's-hood, or henbane (the effects of these medicines being entirely counteracted by vegetable acids); or salted meats, when I prescribe hydrargyrum curcetâ; or coffee, when I am giving opium.

Thus, if my treatment fail, I know that I have done no harm by an artificial system of diet (how much that is dangerous and hypothetical is there not in our dietetic regulations), I know it is owing to the medicine used that the case grew worse, or, at least, did not improve.

If amendment ensue, then I know that the medicine produced it, as it certainly was not owing to any change in the diet.

Hippocrates, himself, if I recollect right, hints at something similar in his aphorisms, when he says, that medicine and the *vis naturæ*, produce much more considerable and intimate changes in diseases than any small irregularity in diet.

How near was this great man to the philosopher's stone of physicians—*simplicity!* and, after more than two thousand years,

that we should not have advanced one single step nearer the mark! On the contrary, should have receded from it!

Did he only write books? or did he write much less than he actually cured? Did he do this so circuitously as we?

It was owing to the simplicity of his treatment of diseases alone, that he saw all that he did see, and whereat we marvel.

Climate, Weather, State of the Barometer, &c.

Should we abandon ourselves to despair, because we do not know, to a nicety, what is the exact influence which a slight change in geographical position, a small variation of the hygrometer, the barometer, the anemometer, the thermometer, &c., exercises upon the action of our medicines or our patients?

According to many observations of the first medical men, it is not so very difficult to arrive at a pretty accurate general knowledge of the differences produced by a warmer or colder climate on the nature and treatment of diseases. They are, for the most part, merely differences in degree. The most opposite climates never produce a completely opposite code of medical laws. Is not bark as efficacious for the cure of pure intermittent fever in Mexico as in Norway; in Batavia and Bengal (the only difference being in quantity), as in Scotland? The venereal disease is cured in China by mercury, just as it is in the Antilles. In our country, we have inflammations and suppurations of the liver of the same nature as in the tropics; although, in the latter regions, they are twenty times as numerous as here, that makes not the slightest difference in the treatment, as in both situations mercury and opium (or something better still) are serviceable. Typhus, and similar fevers, are here as there fatal, if treated by bloodletting and nitre (not, indeed, so rapidly here as there)! They must also be treated in our country with bark and opium (not, indeed, in such large doses as there), in order to increase the strength. These varieties of climate do not change the treatment in nature, but only in degree, and such differences are determinable.

But that the powers given by nature to man and habit will triumph over all variations of climate, to the preservation of life and health, is proved by their being inhabitants in the island of Terra del Fuego, as well as on the banks of the

Ganges, in Lapland, as well as Ethiopia, in the 70th as well as the 3d degree of latitude.

And are we so ignorant of the other effects which the nature of the soil and country have upon diseases; so very ignorant that we cannot reckon the effects they would have on our practice? Do we know nothing of the different effects produced by a residence in a hilly country, and by the sea-shore on hæmoptysis and phthisis; nothing of the action of the effluvia from marshes and stagnant sewers in the production of intermittent fever, and diseases of the liver and lymphatic system; nothing of the power of pure air on those affected with rickets and those debilitated from sedentary occupations; nothing of the advantages of a level country over confined Alpine vallies, the cradle of cretinism, goitre, and idiocy; nothing of the peculiar power of certain winds and seasons in the production of inflammatory, or asthenic diseases, or of the effect of a low state of the barometer on the apoplectic; nothing of the influence of the air of hospitals on the production of gangrene and typhus?

And it is only these, and similar great and important differences, which exercise a marked influence on health and life itself, which it is necessary for us to know in our treatment of diseases. We do know them, and can calculate their influence.

The influence of the finer shades of these differences is too insignificant to prevent us treating successfully the ordinary diseases. The vital power and the proper medicine generally obtain the victory over any influence which such very fine shades of differences could exert.

What might be said of the Creator, who, having afflicted the inhabitants of this earth with a vast host of diseases, should at the same time have placed an inconceivable number of obstacles in the way of their cure; to discover the influence of each of which would defy the greatest efforts of the physician—a knowledge of which in their full extent, (if they were of such great importance), could not be attained by the greatest genius?

We cure diseases in pestilential dungeons, although we cannot, at the same time, impart to the patient the vigour of the

mountaineer. Who would desire us to transform the delicate city lady into the buxom peasant girl? We cure, however, most of the ailments of the former. The sedentary man of business seeks at our hands only tolerable health, for the nature of things denies us the power of giving him the strength of the blacksmith, or the ravenous appetite of the porter.

"But," exclaims some one, "look what a perceptible influence a slight variation of the temperature, moisture, or relative proportion of oxygen and nitrogen in the atmosphere, a slight change in the wind, a higher or lower state of the barometer, a greater or less quantity of atmospherical electricity, and a thousand other powers, perhaps, as yet unknown to us, sometimes have upon diseases, at least upon the nervous, hysterical, hypochondriacal, and asthmatic!"

Shall I speak out what I think? It appears to me much less profitable to endeavour to ascertain (which is morever impossible) all the degrees and varieties of the influence of those physical powers, when they approach, than to do our endeavour to fortify the sufferers against all these innumerable impressions, by implanting in them a certain degree of strength, whereby their system will be enabled to resist these, and many other still unknown physical impressions; just as I consider it much more practicable to dispel the morose ideas of the melancholic by medicine, than to abolish for him the countless evils of the physical and moral world, or by attempting to argue him out of his fancies.

Or could all the physical and moral adverse circumstances of the atmosphere, and of human life, be more effectually prevented exercising their pernicious influence on the gossamer nervous system of yon nervous, spasmodic, chlorotic girl, did we, with angels' understanding, completely investigate and maturely weigh, in quality and quantity, all these impulses in their full extent, than if we should restore her monthly periods?

I do not believe that it is the smallness of our knowledge, but only the faulty application of it, that hinders us from approaching, in medical science, nearer to certainty and simplicity.

A young man, twenty years of age, an oilman's son, thin and weakly, had been from his childhood subject to a spasmodic asthma, which used always to increase from the commencement of autumn until the depth of winter, and gradually decline from that period until the mild weather in spring. Every year he had grown worse, and this autumn he hoped might be his last. Already (I saw him first at Michaelmas) the attack commenced more violently than the last year at this time. The probable issue was evident. Last year, and for years past, every fall of the barometer, every south-west, and more particularly north wind, every approaching fall of snow, every storm of wind, had brought on an asthmatical fit of hours and days in duration, when he not unfrequently passed the night with both hands grasping the table, exerting all his strength to draw the smallest quantity of breath, and every moment in dread of suffocation. The intervals between such fits were occupied by slighter attacks, brought on by a draught of air, the vapour from the heated oil-cakes, dust, a cold room, or smoke. He told me of these symptoms with the utmost difficulty of utterance, elevating his shoulders to draw a scanty breath, and this at a season of the year when his condition was as yet pretty tolerable.

I could expect no good effects from a change of place. So I allowed him to remain in his father's house, exposed, as it was, to every wind, and all the inclemencies of the weather; I let him take his usual diet; I only advised that his fare should be, if anything, more strengthening than weakening; I let him occupy the same sleeping apartment, and continue his work in the oil manufactory, and, as far as his strength allowed, engage in agricultural employments.

The first medicine I administered was ipecacuan, in the smallest doses; they produced as much nausea as doses of five grains; the dose caused, besides, purgation and relaxation of the tissues. The submuriate of antimony and the sulphate of copper, in quarter of a grain doses, produced no better results. Both of these substances, as well as arum root, which was used alone, caused the same bad effects.

I shall refrain from stating what other medicines, celebrated in asthma, did *not* effect; and shall only mention, that squills

and bark, each employed separately, did—what they often do—they increased the difficulty of breathing, and made the cough more frequent, shorter, and drier.

A medicine was required which could produce anxiety, and diminish the excitable state of the bowels. The choice fell naturally on *nux vomica*. Four grains daily removed gradually, but perceptibly, the constriction of the chest; he remained free from the spasmodic asthmatic attacks, even in the worst autumn weather—even in winter, in all winds, all storms, all states of the barometer, all humidity of the atmosphere, during his now increased domestic, manufacturing, and travelling business, in the midst of the city vapour, and that without any important change in his diet, or any in his place of abode. He had been in the habit, when there was but small prospect of cure, of rubbing his whole body every night with a woollen cloth. Although it did not seem to do any good, I did not let him discontinue it while taking the medicine, as he had been so long accustomed to it.

He now slept comfortably at night, whereas formerly he had passed the whole night in an arm-chair, bent forwards, or leaning against the wall, and coughing without intermission. During this season, which had threatened to be so dangerous to him, he gained strength, agility, cheerfulness, and capacity of resisting inclement weather. It was only severe attacks of cold that could cause the slightest return of asthma, and these he speedily got rid of.

Besides this medicine, nothing at all was employed.

Should I, instead of adopting this treatment, have observed attentively all the meteoric changes, and scrupulously weighed their effects on his most susceptible frame; and had I been able to do this, could I have added weight to the diminished atmospheric pressure, supplied the loss of atmospherical electricity, maintained an equilibrium between day and night, dried up the moisture in the air, changed the north into the south wind, reined in the storms, and warded off the attraction of the moon? And had I been able to do all this, should I have better attained my object?

Medicines.

Here the question arises, *Is it well to mingle many medicines together in one prescription; to order baths, clysters, venesections, blisters, fomentations, inunctions, all at once, or one after the other in rapid succession, if we wish to bring the science of medicine to perfection, to make cures, and to ascertain for certain, in every case, what effect the medicines employed produced, in order to be able to use them with like, or even greater success in similar cases?*

The human mind is incapable of grasping more than one subject at a time—it can almost never assign to each of two powers acting at the same time on one object its due proportion of influence in bringing about the result; how, then, can we ever expect to bring medical science to a greater degree of certainty, when we deliberately combine a large number of different powers to act against a morbid condition of the system, while we are often ill acquainted with the nature of the latter, and are but indifferently conversant with the separate action of the component parts of the former, much less with their combined action?

Who can say for certain, that the adjuvant or the corrective in the complex prescription does not act as the base, or that the excipient does not change the whole character of the mixture? Does the principal ingredient, if it be the right one, stand in need of an adjuvant? Does it say much for its fitness if it require a corrective; or why does it require the aid of a director? "I thought I would complete the motley list, and thereby gratify the schools!" exclaims the Doctor.

Does opium mingled with ipecacuan cause sleep, because the excipient in the recipé has been invested with the dignity of the principal ingredient? Does the ipecacuan here perform the part of base, adjuvant, corrective, director, or excipient? Does it cause vomiting because the prescriber wills it?

I have no hesitation in asserting, that whenever two medicines are mingled together, they almost never produce each its own action on the system, but one quite different from the

action of both separately—an intermediate action, a neutralization—if I may be allowed to borrow the expression from chemical language.

The more complex our receipts, the darker will it be in medicine.

That our prescriptions are composed of a smaller number of ingredients than those of Amatus Lusitanus, avails us just as little as it availed him that Andromachus framed still more complex prescriptions than he. Because the mixtures of both these worthies are more complicated than our own, does that render ours simple?

Why should we complain that our science is obscure and intricate, when we ourselves are the producers of this obscurity and intricacy? Formerly I was infected with that fever; the schools had infected me. The virus clung more obstinately to me before it came to a critical expulsion, than ever did the virus of any other mental disease.

Are we in earnest with our science?

Then let us make a brotherly compact, and all agree to give our patients but one single remedy at a time, without altering their mode of life, and then let us use our eyes to see what effect this or that medicine has, how it does good, or how it fails.

Is it really more learned to administer a number of complicated combinations of medicines for one disease (often in one day), than with Hippocrates to treat the whole course of a disease with one or two clysters, perhaps a little honey and vinegar, nothing else? Methinks to give the right, not the many-mixed, were the stroke of art.

Hippocrates sought the simplest from out an entire genus of diseases; this he observed carefully and described accurately. In these simplest diseases, he gave single simple remedies from the then scanty store. Thus he was enabled to see what he saw—to do what he did.

I hope it will not be considered unfashionable to go to work with disease as simply as did this truly great man.

Any one who should see me give one medicine yesterday, another to-day, and a third different from either to-morrow, would observe that I was irresolute in my practice (for I am

but a weak mortal); but should he see me combine two or three substances in one prescription (and ere now this has sometimes been done), he would at once say, "the man is at a loss, he does not rightly know what he will be at"—"he is wavering"—"did he know of one of these that it was the proper remedy, he would not add to it the second, and still less the third!"

What could I rejoin? Nothing.*

Should any one ask me what is the mode of action of bark in all known diseases, I would confess that I know but little concerning it, notwithstanding the number of times I have used it alone and uncombined. Should any one ask me, however, what bark would do if combined with saltpetre, or still more with some third substance, I would at once acknowledge my benighted ignorance, and would bow before any one as before a very divinity, who would enlighten me on the subject.

Dare I confess, that for many years I have never prescribed any thing but a single medicine at once, and have never repeated the dose until the action of the former one had ceased; a venesection alone—a purgative alone—and always a simple, never a compound remedy, and never another until the system was entirely clear of the first? Dare I confess, that, in this manner, I have been very successful, and given satisfaction to my patients, and seen things which otherwise I never would have seen?

Did I not know, that around me there are some of the worthiest men, who in simple earnestness are contending for the noblest of prizes, and who by a similar method of treatment have corroborated my maxims, assuredly I had not dared

* The reason which has been frequently given, that by pleasant additions to the medicine, we render it more agreeable to the patient, or give it a more convenient form for administration, and conceal the disagreeable taste, smell, and colour, is entirely without weight. Grown up patients, whose confidence is ready in one scale of the balance to kick the beam when a bitter nauseous powder is placed in the other scale, have too scanty a supply of that quality for my taste. I would abandon them to those needy traders, who, for the sake of the miserable fee, will prescribe the most dainty sweetmeats, and are willing to submit to all the airs and disobedience of their patients. We all know how to manage children in such case without hurting them.

to confess this heresy. Had I been in Galileo's place, who can tell but I might not have abjured the idea of the earth revolving round the sun!

But the dawn begins to glimmer in the horizon!—who can fail to perceive a feeble ray of it in our Herz's commentary on his two cures, to which we alluded above?

What would not he now give that in both instances he had prescribed nothing but the phellandrium, and had met with the same success he did! I, for my part, would willingly give the best, the most satisfactory, of all my observations that he had done this.

THE PLEA OF A CONVERT.

By Dr Chapman.

The duties a medical man owes to the public, the profession, and himself, can only be neglected or tampered with at the expense of his conscience and self-respect. He owes it to the public and himself to investigate any methods of cure that may from time to time be proposed; and he owes it no less to the profession to declare, if it be needful or called for, the grounds of his decision on any disputed points. If this holds true on any and every question of practical import, it is imperatively necessary when the question is of a doctrine that implies the necessity of an entire revolution in the practice of medicine.

It will be confessed by all that none can be bound, in the exercise of their art, by any rules or doctrines of teachers or academies. To impose such a restriction is impracticable; and if it were practicable, it would most completely prevent all progress and improvement. On the contrary, it is the object of most of our earnest profession to keep pace with the knowledge of the day; and if any new remedy or plan of treatment is suggested, it is at once made the subject of experiment. The case is different when a new doctrine is proposed; and especially if, as in the case of Homœopathy, it is at once op-

posed to the prejudices of education, and acquired or long-fostered opinions, and furthermore demands a long and patient investigation.

It is with some hesitation, that after several years' experience of this method of practice, I venture to give my reasons for adopting it. I have been told that I ought to do so; and it is in compliance with this call on me, and not from any confidence in my powers as an advocate, that I make—it may be prematurely, in respect of my own fitness for the task—a brief statement of the circumstances that led me to try this method, and my reasons for the conviction I entertain of its truth and value.

"A clear stage and no favour" is the Briton's motto. I had no unworthy motives in the course I have pursued; those who know me will believe me; the opinion of those who know me not is of no consequence, excepting in so far as it may discredit my statement. Therefore I ask for a fair hearing. My prejudices, and the opinions of those I most value and respect in our profession, some my teachers and some my contemporaries, and some my relatives, were directly opposed to my adopting this doctrine. I at once lost some of my best patients (I do not mean by death, but the withdrawal of their confidence) from my change of practice. My nearest and dearest urged their eager remonstrances; but my duty was plain so soon as I became convinced; and it was the sincerity of my conviction which gave me the courage to persevere.

I had been for some years in the number of those who ridiculed this doctrine. I not only considered it senseless and absurd, but I thought the practice a positive crime in acute cases, as I considered that so much time was lost in doing nothing, during which the patient's life might, perhaps, with the use of energetic means, have been saved. My feelings and my opinions were as much against the system as it is possible for any one's to be.

This was my character of opposition; it may be permitted me to say a few words on the subject of my predisposition to entertain this doctrine, should I in any way be satisfied of the efficacy of the treatment. In the first place, I had little or no confidence in the ordinary therapeutics—not from want of

experience—for I had a very extensive practice for some years in British Guiana; not from want of opportunities of seeing the practice of others, and some of them the most eminent men in the empire—for I had been nine years a student at the medical schools, four of which I passed at Guy's Hospital in London. Nor was I an unsuccessful practitioner (I owe it to myself to say this), in comparison with others. Again, I knew that many of those whose opinion I most valued, were almost as sceptical as myself on the subject of medical treatment in many, if not most, of the diseases they had to treat.

I had always a strong objection to giving many medicines in one prescription, and had been in the habit of giving single medicines in many diseases, as ipecacuanha alone in dysentery. I had always faith in specifics, though my medical faith failed me when I had to use medicines that were not specifics to the disease under treatment. I may mention, by way of illustration, that I made use of many native remedies I became acquainted with while I was in Guiana, and for the most part with signal success. I had always a great objection to much medicine, and large doses, especially of acrid or poisonous substances.

I found, moreover, when I was engaged in practice, that I had to unlearn most of what I had been taught in the treatment of disease, and in the application of theories. My want of confidence, then, in the ordinary therapeutics; my knowledge that this want of confidence was also the unhappiness of not a few of my professional brethren; my conviction that any advance in the healing art must be made in the way of increase in the number of specifics; and my having learned by sad experience, that medical theories were no safe guides at the bedside of the patient; and my having been obliged to unlearn and try to forget what I had been taught in the practice of medicine, were so many predispositions, if I may use the expression, for my reception of the doctrine of Hahnemann, if I should once be satisfied that the practice founded on it was efficacious.

One of my children was subject to fits. On any cause of irritation she had one of these frightful attacks. I had exhausted all the resources of art in this case, excepting that of reducing her

by frequent doses of calomel, which I would not have recourse to. I had occasion, in the beginning of 1841, to write to a medical friend in London, and I stated the child's case, and asked if he could suggest any thing for her. I was not aware that he was practising at all, and still less that he was practising homœopathically. He replied to me immediately, informed me of his conviction of the truth of this method, and sent me some medicine, requesting me to try it. I did so, and the child has never had a fit since. The effect at the time somewhat surprised me; but still thinking such treatment absurd, I considered that the disease had worn itself out, that a critical change had taken place in the child's constitution; and, in fact, attributed her freedom from fits to any cause whatever but the powders of aconite, belladonna, and chamomilla I had given her. A few months after I met at Cheltenham another medical friend, who was acquainted with Hahnemann, and was quite an enthusiast for his doctrine. I had some conversation with him on the subject, but set him down for a mere unreflecting zealot. Up to this time my only acquaintance with any writings about Homœopathy was through the objections of its adversaries. It happened that, during my absence from Liverpool, some of my patients had been induced to try the homœopathic treatment. Some of the cures could be explained away, but several of them could only be honestly accounted for by admitting the full efficacy of the treatment that had been pursued. It will be sufficient to mention one of these. A gentleman had been subject to hæmorrhoids for some years, and the loss of blood was sometimes fearful. His bowels were habitually and obstinately constipated; and any medicine but the most gentle laxatives brought on the hæmorrhoidal flux. Astringents, by way of injection, were of no use during the discharge; they produced mischief when taken internally. He had been under the care of several eminent men in London, and had tried many medical men in this town. His condition was made rather worse than better by the efforts of all and each of us to relieve him. His life was a misery. Two or three months after he had been under homœopathic treatment, I met him one day in the street, and was astonished at the alteration in his appearance. From being emaciated he

had grown stout, and was altogether in excellent condition. I asked him what he had been doing, and thereupon he told me of his having swooned away in London from the loss of blood; that a homœopathic physician had attended him, that he had suffered no loss of blood since, that his bowels were regular, and that he no longer suffered any inconvenience from the trying, and, in his case, dangerous complaint he had suffered from a dozen years or more. This and several other concurrent cases of my own patients, successfully treated by this method at the same time, induced me to lay aside my prejudice against the apparent absurdity of the doses, so far as to test by actual experiment their efficacy and value. The state of my health did not allow me to make experiments on myself, but I tried them in my family, and began to apply them in the milder cases of disease among my patients. I was immediately convinced that the doses were efficacious, and conviction of the truth of the doctrine followed. I then began to read some of the writings of English homœopathic practitioners, though I must confess that from them I should have derived no satisfaction or conviction, had I not previously had experience of the efficacy of the treatment. I should except from this remark, Dr Simpson's "practical view," which (whatever be the errors of his book) is the only address to the profession at large that is likely to carry conviction with it. As I am altogether unconnected with this journal, I may state my opinion, that it is more calculated than any publication that has yet issued from the British press to further the progress of Homœopathy, by enforcing the attention of the profession to a subject which they have hitherto either disregarded altogether, or affected to treat with contempt. It has this great merit, that it is not addressed to the public, but to the profession. It deals with scientific as well as practical discussions. While on the subject of English writings on our method, I would direct the attention of the reader to Dr Millingen's remarks on the homœopathic doctrine in his "Curiosities of Medical Experience." This gentleman, an allopathic Surgeon to the Forces, adorned with honorary titles, a man of great experience and practical knowledge, dedicates his book to the Director-General of the Army Medical Department.

While he ridicules some of the theories of Hahnemann, he admits the value of the law and the efficacy of the remedies; and, indeed, gives cases of cure performed by them. I quote his concluding remarks:—"I trust that the few cases I have related will afford a convincing proof of the injustice, if not the unjustifiable obstinacy, of those practitioners, who, refusing to submit the homœopathic practice to a fair trial, condemn it without investigation. That this practice will be adopted by quacks and needy adventurers there is no doubt; but Homœopathy is a science on which numerous voluminous works have been written by enlightened practitioners, whose situation in life placed them far above the necessities of speculation. Their publications are not sealed volumes, and any medical man can also obtain the preparations they recommend. It is possible, nay more than probable, that physicians cannot find time to commence a new course of studies, for such this investigation must prove. If this is the case, let them frankly avow their utter ignorance of the doctrine, and not denounce a practice of which they do not possess the slightest knowledge.

"Despite the persecution that *Hahnemannism* (as this doctrine is ironically denominated) is at present enduring, every reflecting and unprejudiced person must feel convinced that, although its wild and untenable theories may not overthrow the established systems (if any one system can be called established), yet, its study and application bid fair to operate an important revolution in medicine. The introduction of infinitely small doses, when compared, at least, with the quantities formerly prescribed, is gradually creeping in. The history of medicine affords abundant proofs of the acrimony, nay, the fury with which every new doctrine has been impugned and insulted. The same annals will also shew that this spirit of intolerance has always been in the *ratio* of the truths that these doctrines tended to bring into light. From the preceding observations, no one can accuse me of having become a blind bigot of Homœopathy; but I can only hope that its present vituperators will follow my example, and examine the matter calmly and dispassionately, before they proceed to pass a judgment, that their vanity may lead them to consider a final sentence."

The next advance in my progress, was being associated with Dr Drysdale in the medical charge of the Dispensary he had just established. I had previously been using the remedies in my private practice, and, for some time, in complete ignorance of the fact that there was a homœopathic practitioner in Liverpool. From this gentleman, who had studied the doctrine and practice to the greatest advantage in Vienna and Paris, I derived much assistance.

From the time I commenced this method of practice, until now, I have never wavered, nor seen reason to doubt the truth of the doctrine, or efficacy of the remedies.

I should also mention, that I have also had the advantage of seeing the practice of the London Homœopathic Institution, during brief visits to the metropolis, where I saw undoubted cures of well-marked and long-standing disease; and to Dr Curie, the chief medical officer, I am indebted for much valuable information.

I also derived great benefit from my correspondence with my friend, Dr Partridge, a man of great talent and professional acumen, who was at that time acting as an assistant at the London Institution.

I have thus briefly stated the circumstances that induced me to adopt Homœopathy, and the training I went through.

The result of my practice has been to convince me that our therapeutics are more safe and efficacious than the means I formerly employed. Whatever comparative failure may have occurred, I have attributed to myself and not to the method; but all things considered, I honestly believe that my success has been much greater in a given number of cases than had I depended on my former resources.

I have seen about 7000 cases, in dispensary and private practice, treated with these remedies during the two past years. The efficacy of the dispensary practice is proved by the numbers applying for relief.

During the two years, six deaths have occurred in my private practice, which has been extensive, and has given me opportunities of testing the method in the treatment of whatever diseases have been endemical or epidemic. The cases of death were the following;—

1. An infant who had been for some time treated by a very respectable allopathic practitioner, who continued to see the case with me. He despaired of it when I was sent for; the disease was hydrocephalus.

2. A lady, nearly fifty years of age, who died of congestive typhus.

3. A gentleman, who died of consumption.

4. A lady, who had disease of the valves of the heart.

5. A case of *tabes dorsalis.*

6. An old lady, nearly eighty, who had been cured of influenza, but who died after the operation for umbilical hernia. I had obtained for her the best surgical advice, but she speedily sunk after the operation.

I think no candid person will say that any one of the above cases could surely have been saved by any treatment he could have pursued; or that any hope could have been entertained for any but the second case.

Having thus stated my unwavering conviction of the truth of the doctrine, I may be permitted, perhaps, to proceed a little further in considering the general question.

That it is one of vast moment, no one can doubt, who will dispassionately consider it. The practitioners of this method are now numbered by hundreds, some say by thousands. The established system of medical practice is uncertain and wavering: many of its ablest professors are secret sceptics; some of the most renowned trust only in the *medecine expectante.*

In this state of things a doctrine is propounded, which declares a law of healing of general applicability; embracing and absorbing every thing of practical import that can be deduced from the experience of the past; availing itself of all the accessaries of modern science, and opening out a field of therapeutical agents, whose limits no man can determine. Yet, this doctrine, so steadily advancing, that has engaged so much of the public attention, has never been combated, nor examined legitimately by any medical journal or authority. In one or two journals it has been superficially and contemptuously handled. In one case, it was treated as a fantastic absurdity, and the chief arguments were derived from the rich comic treasury of rare Ben Jonson. The comedies of Molière might,

in like way, be made still more effectual against the allopathic method. It has been the fashion for wits to ridicule that method from time immemorial.

In another journal, the unfortunate issue of an individual case which, from the nature of the malady, was necessarily hopeless, was made the subject of rash censure and ill-disguised malice. No doctrine was ever yet put down in this way.

A method of practice now pursued in every civilized country, by regular and well-educated practitioners, surely demands a fair and liberal examination. Many a doctrine has attracted notice for a time, and after its brief day has been lost in the lumber of forgotten things, or only been remembered for its absurdity, but, after half a century, the Homœopathic doctrine remains—The "*stet pro ratione voluntas*" of the medical writers in this country cannot much longer pass as a sufficient excuse for their silence on this subject. The spirit of inquiry is already stirring among the junior members of the profession: a new and a purer light will draw them away from the "veteris vestigia flammæ" of their seniors. They who search for truth will find it, but it is necessary to search.

The Jovian bolt, with its broken barb, of a royal college, except sustained by the power of reason and the might of truth, can only prove a *brutum fulmen*, imaged, in a remarkable way, by the hostile but impotent attempt of aged Priam against the vigorous and victorious Pyrrhus:—

> "Sic fatus senior, telumque imbelle sine ictu
> Conjecit; rauco quod protinus ære repulsum,
> Et summo clypei nequicquam umbone pependit."—ÆN. II.
>
> "Then the old man feebly cast his feeble dart,
> Dintless, which by the jarring brass repulsed,
> From the shield's boss hung idly, idly thrown."

Have the thousands on thousands who have been treated homœopathically in Great Britain, been all treated ineffectually? Have all those who have considered themselves cured by the use of these remedies, deceived themselves? I hold that if there had been only a thousand, a hundred, ten, even one authentic case of cure, fairly due to this method, it demands investigation, instead of contempt,—earnest inquiry, instead of abuse or assumed indifference.

Audi alteram partem was the language of the heathen, or, as we say in English, "hear both sides of the question." This is plainly the duty of the profession in respect to our doctrine. To be satisfied, without investigation, that we are right, and that our opponents are wrong, may be a very pleasant way of deceiving ourselves, but is not the method of ascertaining the truth of any question. There can be, at least among medical men, neither neutrality nor indifference on the subject of Homœopathy. "The snail," says the Hindoo proverb, "sees nothing beyond its shell, and believes it the finest palace in the world." This kind of complacency, this indifference to what others are doing, neither is, nor can be tolerated in this age of movement, either in the individual practitioner, or in any school of medicine.

There should be nothing one-sided in our profession. Controvert and convict us if you will, but do not speak of us and our way of practice as if this were a mere absurdity, and ourselves either knaves or fools—or both together. Such an attempt to put us down is neither professional nor dignified.

Considering the confessed uncertainty of medicine under the guidance of theories without end, the mere announcement of a law of healing that professes to be of general applicability, should be hailed with joy by the profession, and be examined with hopeful patience, and yet with fear and trembling, lest it should be found wanting; but still, for the very hope's sake, it should be examined carefully and dispassionately. If, as it must be confessed, the most certain cures made with allopathic treatment are of those few diseases, for which there are recognised specifics, the proclamation of a vast increase in the number of specifics should be gratefully welcomed. For such a boon the necessary time should be cheerfully given to making experiments with medical substances on the healthy, with a view to verify our Materia Medica. Those who are healthy should take the medicines themselves, and a speedy conviction of the truth of our doctrine would follow. This should be done, according to the necessary conditions, which are detailed in our books. The experiments should be made with directness of purpose, in a loyal spirit of truth. The effects of the remedies could then be tried in the treatment of disease.

The manner in which some affect to have given our medicines a trial, is most ridiculous. An eminent surgeon is represented to have emptied a tubeful of globules into the palm of his hand, and said, "There, I have taken all, and what harm or good can they do me"—swallowing an infinitesimal dose. Such a proceeding shewed his unfairness, or his entire ignorance of our doctrine and practice. This is quite unworthy.

But try the medicines fairly on yourselves, according to the directions given; do this patiently and perseveringly; and then, if you find no effects, such as are recorded in our Materia Medica, you will have a right to declare your opinion of our fallacy. Until you examine the subject thoroughly, we hold you to be no fit judges; we maintain that you denounce our method while you are in a state of ignorance concerning the merits or demerits of the doctrine, and we altogether deny your right to condemn us.

Such is the language that may fairly be used to such of the profession, as, without any real knowledge of the subject, are opponents, as I once was, to Homœopathy. Let us consider briefly the points of opposition or difference between this and the ordinary practice.

I. The fundamental law—*similia similibus curantur*. This, which is the exception in the ordinary method, is the rule in the homœopathic. All believers in Homœopathy receive this as the general and comprehensive law of their practice. They insist that experiments should be made on persons in health with medical substances, in order to ascertain the properties of those substances, and the similarity between the symptoms produced by them and those produced by various diseases. While symptoms, however, are closely attended to, the pathological character of disease must be minutely studied. With this knowledge of the properties of drugs, of the similarity between the symptoms of disease and those of medical substances, and of the pathological character of the particular disease under treatment, the homœopathic law is applied in practice. Compare the simplicity and uniformity of this principle, with the innumerable theories that are to be found in books, and that float through the minds of medical men, to the prejudice of their own faculties, and the inevitable disadvantage of their

patients. The truth of the law has been partially, and to a certain extent, recognised in all ages, from Hippocrates to Hahnemann. To the latter of these two great medical reformers belongs the glory of having discovered the general applicability of the law. It is true, that, in some few cases, on a sudden emergency, to obtain instant relief, a homœopathic practitioner might have recourse either to the antipathic or to the heteropathic method; but that object being accomplished, he will proceed to the cure according to the fundamental law. There is no abnegation of common sense in this practice; on the contrary, this principle, *similia similibus*, is the truly useful and rational one.

We have, then, in clear and well-defined opposition to the ever-shifting theories of disease, taught *ex cathedrâ* in the medical schools of these kingdoms, a simple law, capable of general application. The application of this law involves the necessity of a practical knowledge of disease and of true pharmacology.

I think myself warranted in calling on those who differ from us on the medical question, to institute experiments to prove whether we are right or wrong, before they condemn us. They must make these experiments, however, with fairness and patience. I may be permitted just to mention two cases, in confirmation of the truth of the law, and of the efficacy of the practice. I saw one morning a lady who was suffering agony from quinsy. There was profuse salivation (she had taken no mercury), which had given her no relief. I gave her mercury in frequent doses, and saw her again in the evening: the uneasiness had ceased. The next day she was in her dining-room when I called; I was then able to look into her throat, and I found that there was still considerable enlargement of the tonsils. In two or three days she was quite well; and she was positive there had been no discharge of pus; the salivation had ceased on the day after she took the mercury. The following case shews remarkably the specific action of a medicine rightly chosen in accordance with the law:—

The servant of a gentleman at Bootle was seized in the morning with faintness; soon after, constant vomiting and

diarrhœa set in; cold sweats over the whole body; the pulse scarcely to be felt; excessive tenderness at the epigastrium, and of the abdomen; icy coldness of hands and feet. He had been suffering through the whole day, and there was vomiting of blood towards evening, with complete exhaustion. I gave him veratrum. After the first dose, the vomiting and diarrhœa entirely ceased; before an hour he fell asleep, slept the whole night, and felt so well in the morning, that he was with difficulty restrained from going to his work till I should see him. He was at once cured by a single dose of a specific medicine.

Of the worst and common effects of much-abused mercury all medical men are aware; but of the properties of veratrum, few are. Let them consult our Pharmacopœia, and they will see why this medicine was chosen in the case of cholera, just mentioned; if they will, they may verify, by experiment, the medical symptoms of the remedy, which acted in this case like a charm. They have no right to refuse my testimony, or to discredit my statements, on the mere assumption of the impossibility of cures with such remedies. The time will soon come, nay, is already come, when bold assertion and denial in this matter will not be accepted by the enlightened portion of the public.

II. The doses of medicine. It has been repeatedly answered to objectors, that the amount of the dose was not a primary characteristic of Homœopathy—that it is not essential to it. The minute doses we give resulted not from theory, but from experience. The rationality of small doses has been admirably shewn by a philosopher, and a man of genius, in the first Volume of this Journal. It were easier to acquire the power of Mithridates, to take poison to any amount without injury, than to gainsay or disprove the beautiful logic, which has so clearly demonstrated the reasonableness of small doses. If minute and infinitesimal doses will cure, without the slightest injury to the patient, for what reason in the world should large and dangerous doses be given?

We are not, however, bound to use always infinitesimal doses. All of us are agreed that more depends upon the proper selection of remedies, than upon the size of the dose. The constitution of the patient, the nature and character of the disease, the quality of the remedy, are all to be taken into consi-

deration. We know that some patients, of peculiar susceptibility, cannot take, without suffering, our low dilutions: what must be the amount of injury done by the huge doses that are still given by many practitioners! One of the most able and experienced physicians of London told me, a few years ago, that most of the cases he saw had been so much damaged by the heroic practice before he saw them, that nothing remained for him to do, but to endeavour to palliate the sufferings caused by the previous treatment.

We know by experience that our remedies, whether in low or high dilutions, according to the circumstances of the case, are efficacious. Hahnemann has again and again said, "Refute these truths if you can, by shewing a still more certain and efficacious method than mine; refute them not by words, of which we have already too many, but by facts."

We may here observe, that some persons have practised according to the homœopathic law, without using the infinitesimal doses, as Hahnemann himself did at first, but the ordinary, till the multitude of successful results with the homœopathic preparations induced them to test, and verify, and adopt them.

III. The symptomatic method of curing disease. It is still asserted that we only pay attention to symptoms, and neglect pathology. Hahnemann's own words are these: "Collect the totality of the symptoms, and cling to the essential and characteristic." It is undeniable, that the group of symptoms must be our study, if we would have a safe guide in the consideration of disease. It is on a knowledge derived from this source chiefly, that we ground our diagnosis and prognosis; but every skilled practitioner, of whatever school, views the symptoms in connexion with the particular disease, of which they are the diagnostic signs. We deny utterly that we are indifferent to, or careless of, pathology, as the objectors assert. It is true that we pay more minute attention to symptoms than they in general do: this is our merit, and their demerit. It is not true that we neglect the essential disease, and attend to symptoms that may be non-essential. We study pathology, though we have no great respect for existing nosologies.

IV. The practice by specifics. On this point our opponents

themselves are at variance; one authority asserts that there is no such thing as a specific; another declares, that any progress made in practical medicine must be in the extension of specifics. Wherever there are venomous reptiles, there are also indigenous antidotes. These creatures, as well as the *feræ naturæ*, disappear before the advancing march of civilization. But the savage has his remedy for the venom of the rattlesnake. I believe that the All-Merciful Author of our being has everywhere scattered, with a lavish hand, materials for resisting the diseases He has permitted to invade the human family. Animals, by what is called instinct, have remedies for their ailments; and man, whether from the instinctive sagacity of the savage, or the accidental discovery of the civilized, has fallen on various specifics. I have cured cases of purulent ophthalmia with an Indian remedy in Guiana: it is the specific of the natives of that country for that disease.

To extend the number of specifics is, therefore, a right exercise of the rational faculties with which our Creator has graciously endowed us. To one rightly minded to discover a specific, is a greater thing than to win a kingdom. Here we are at direct issue with the great majority of the allopathic practitioners. Ours is the law of specifics—we use specific remedies—specific in their properties, and relatively to the disease.

V. The diet.—There is a difference in this respect between our practice and that of the allopathic school. We prohibit whatever is indigestible, and whatever contains medicinal properties that might be positively injurious medicinally, or interfere with the action of the remedies we employ. The rules of diet are only enforced on those who are under treatment.

Our opponents assert that our cures are the result of diet only. Animals, however, are cured by these remedies, so are infants, for whom no change of diet is necessary. It has happened, moreover, that many patients have consulted me, who, for some time previously, were much more strictly dieted than I thought necessary, and yet had not been relieved: some had taken medicine the while, others none at all: some had rigidly pursued the homœopathic diet-rules without the slightest benefit; but when the right remedies were employed their symp-

toms were relieved, and their ailments removed. It is absurd to suppose that diet can cure hepatitis or hydrocephalus; pneumonia or pericarditis; the eruptive fevers, or any acute disease. To refuse to receive evidence that we do cure such affections with our remedies is undignified and puerile, not to use harsher terms.

Having thus briefly touched on the principal points of opposition or difference between ours and the ordinary school, I may be allowed to state that our practice has already influenced, in some degree, that of our opponents. Prescriptions are much more simple; some even prescribe only single remedies at a time: much smaller doses are for the most part given: and many even use some of our remedies as specifics, of which belladonna, given as a prophylactic against scarlet fever, may be cited as an instance. It is obvious that all such medical men must hold Homœopathy in some respect.

The relation of the Homœopathic to the other methods of practice has yet to be duly considered by medical men of all schools. We reject not the good that can be derived from the archives of the past: we ought not to reject the good that may be derived from the teeming experience of the present. It behoves us all—members of the same liberal profession,—whose studies and whose life have been directed to the healing art, to exercise good will to one another, and to express in our conduct the spirit of the motto—"in certis unitas, in dubiis libertas, in omnibus charitas." The time will assuredly come when the sectarian spirit which now distinguishes the different schools, will be lost in a practical science, based on an immutable law, and rising out of an art that has been for long of doubtful value, and certainly one most painful to exercise.

I, for one, am no believer in human perfectibility, but I indulge a confident hope that Homœopathy will sooner or later exercise such an influence on the profession at large, that all will concur in aiding its development, as being the true foundation of a science of practical medicine.

It is high time that all practitioners should take this thought into serious consideration—"non qua itur, sed quâ eundum est."

ON INFLAMMATION OF THE EYE.

By Dr Segin, Heidelberg.*

Whilst diseases of the eye have always been held by scientific physicians as highly important for diagnosis, we yet constantly see that they are treated as if they were merely local affections. Frequently repeated observations have convinced me that a purely local treatment must be rejected, as it is not in general effectual in curing the local disease; and further, as it may be easily productive of disastrous consequences, both for the eye and the whole constitution. It is my duty to object to the abuse or misuse of collyria, applied under the name of astringents, &c., whether they be directed for the purpose of diminishing the increased irritability of the eye, or of correcting acrid secretions, or of stimulating relaxed vessels into a healthier action. Such collyria have the effect of curing the diseases of the eye at the moment, sooner or later again to return. In order to understand how such a suppression of the disease can produce bad effects, we must recollect that thereby no cure is in reality effected. In order to effect a cure, it is essential to employ the specific remedy, the efficaciousness of which every unprejudiced physician will be able to perceive in the few cases here subjoined. In the choice of the remedy it is necessary to direct the attention partly to the general affection, and partly to the local affection in the eye. Those medicines which are indicated by the latter affection, I employ not only inwardly but also outwardly. The outward application, however, is only necessary in those cases when the eye disease has, as it were, fixed itself, and become habitual. In this case I employ it either in the form of eye-water, which I am in the habit of using, not cold, but lukewarm, or dissolved in alcohol, in the state of vapour, and I have frequently seen the most striking results from this mode.

I do not consider leeches necessary whilst we are employing the specific remedy, even in cases of very considerable inflammation. Yet I do not think we can dispense with them al-

* From the Hygea, Bd. xviii. p. 36.

together, but I would only recommend them in rare cases, where there is an unusual fulness of blood in the eye, and, after drawing blood, the specific remedy would act more easily and speedily, at least if we may judge by analogy from the effects in many inflammations of other organs. I must, however, reprobate the practice of those medical men who think of applying leeches in every case of inflammation of the eye, and who place them as near the suffering organ as possible.

Ophthalmic medicine deals so plentifully in derivative remedies, that it would seem as if physicians thought that they could at pleasure transfer the irritation or inflammation of one organ to another, which is not, however, corroborated by experience. Derivatives are, indeed, in some cases of use; in those, namely, in which nature is making an effort to throw the morbid process on some other organ, or where the eye inflammation is caused by the suppression of a secretion, an eruption, &c.

Case 1. The child of S——, a shoemaker, a girl of 2½ years old, of decided lymphatic constitution, came under my charge on the 30th December 1833. She had suffered for a long time from a purulent discharge from the ear; the year previously she had had measles, which did not, however, produce any diminution of the discharge, which continued as well during as after the fever, until about nine weeks ago it ceased, without obvious cause, and an inflammation of the eyes immediately set in. From the very commencement of this complaint she had received the assistance of an eminent oculist. The medicines employed by him for nine weeks had not been of the slightest use. I found her in the following condition, after she had discontinued the use of all medicine for 10 days. Considerable photophobia of both eyes, yet more of the left than the right, so that no examination could be made of the eyes, even in a very weak light; an eruption round the eyes, consisting of an itching raw surface and scabs; great lacrymation and discharge from the eyes of a muco-purulent fluid; swelling and redness of the nose, and secretion from that organ of an irritating watery mucus.—Under the administration of *conium maculatum* 30. I found in a few days the photophobia much less; there was, however, no further change in the patient's condition, on

which account I gave *arsenic* 30. Four days after, the eruption and lacrymation were very much lessened; the photophobia was, however, in the same state as when I left off the conium. This remedy was consequently repeated in the same dose. Two days after I found the right eye quite free of all disease, the eyelids of the left eye were, however, red and swollen, as also the nose, but not discharging so much as before. Three doses of *arsenic* 30, each day one dose, ameliorated the condition so rapidly, that no more remedies were requisite, and the patient was dismissed cured, after 14 days treatment.

Case 2. The child of B——, dealer in flour, 4 years old, of scrofulous constitution, very well fed, suffered frequently from attacks of inflammation of the eyes. I was called in during such an attack, on the 20th December 1836. The left eyeball was very red, the vessels in the conjunctiva were uncommonly turgid, especially towards the border of the cornea, where there was a vesicle; this state was accompanied with great photophobia. *Conium* and *arsenic*, as in the preceding cases, were administered; they were not, however, of the slightest use; but a rapid recovery was produced by *rhus* 30. Ten days afterwards, however, the disease returned, and *rhus* produced an amelioration; on the following day the eyelids, however, remained red and swollen, in consequence of which I gave *spir. vin. sulph.* 5, and repeated the dose five days after, which effected a complete cure. Five days later, however, there was a relapse, which was cured by *rhus*; but the cure was not permanent, as another attack occurred after 10 days. I now employed *arsenic*, after which the cure became permanent; so that, till this day, there has been no return of the disease.

Case 3. The child of G——, a dealer in H——, six years old, a girl of scrofulous constitution, had suffered for a long time from an ulcer on the right great toe, which had been healed up for 10 months; she had, besides, a cicatrix resulting from the suppuration of glands on the neck and lower jaw. Seven months after the healing of the ulcer, she was attacked with inflammation of the eyes, which had been already treated unsuccessfully for four months by a celebrated oculist. The principal symptoms of the disease were photophobia of considerable intensity of both eyes, with which were associated,

particularly in the left eye, redness of the sclerotic, dimness of the cornea, swelling and redness of the eyelids, great increase of the secretion of mucus and tears, besides these, flow of an arid mucus from the nose, and an eruption of small and large pustules on the right cheek. The appetite was bad, the sleep restless. On account of the glandular affection, and of the photophobia, which was the principal symptom as regarded the eyes, indeed the only symptom of the right eye, I administered a third of a drop of the 12th dilution of *conium maculatum*, and repeated the dose after three and six days. In a fortnight the father acquainted me with the perfect recovery of his child, and brought with him another, who is the subject of the following observation.

Case 4. This child, 5 years old, suffered for a long time from the photophobia of both eyes, unaccompanied by any redness. Besides the great sensibility to light there was an increase in the secretion of tears, there was also prurigo on the face, and rawness, with secretion of an irritating serum between the hips. I gave *conium maculatum* 5, and five days afterwards, *spir. vin. sulph.* 5; 34 days after this the father came and informed me, that the eye affection was completely cured, but the child was still troubled with the raw surface above mentioned. This ailment disappeared after the administration of a quarter of a drop of the 12th dilution of *mercur. solubilis*, 4 doses within 12 days.

Case 5. The child of a butcher in H——, of the name of F——, 6 years old, of a scrofulous habit of body, was affected for a long time with an inflammation of the eye, with dimness of the cornea, to combat which many remedies had been administered by a celebrated oculist, without producing the desired effect. As the diet which had been prescribed seemed well adapted to the condition of the patient, in order to judge of the effects of my remedies, I made the patient go on for several days without giving any medicines. As no change was perceptible on the sixth day, in fact the inflammation was somewhat more violent, the cornea covered with a cloudy dimness, and the iris not altogether free from inflammation, I gave four doses of *arsenic*, of one drop each, of the 6th dilution, with orders to take one dose every forty-eight hours. In the course of a fortnight I found the inflammation of the eye, considerably dimi-

nished, but the cornea was still dim, with a small opaque portion on its outer border, as also the borders of the eyelids swollen. There appeared, besides, an eruption of numerous vesicles on the face, which had not existed before the use of the arsenic. I now gave ten globules of the 5th dilution of *spirit vin. sulphur;* five days after which a marked amelioration took place, on which account I repeated the dose. As, however, four days elapsed without any further improvement, the borders of the eyelids being still swollen, the eyelashes joined together, and encrusted with hardened matter in the morning, and the eruption not quite gone, I had again recourse to the *arsenic,* and gave the above dose every two days. The result was so favourable, that the amelioration was perfectly visible in the course of three days, and the patient was dismissed cured in sixteen days.

Case 6. W. A——'s child, 2 years old, of lymphatic constitution, had already laboured for some time under scrofulous ophthalmia. The following were the appearances I observed on the 11th March 1836, when the child came under my charge; photophobia of both eyes, spots on the cornea of the left eye, redness, pricking, and swelling of the conjunctiva of the eyelids, great lacrymation, pustular eruption about the eyes and ears, swelling, redness, and rawness of the nose and upper lip. After the child had taken four doses of *conium, five* in the course of four days, I found it so much better that the photophobia was gone. But as the condition was not altered in other respects, I administered a third of a drop of the 5th dilution of *spirit vin. sulph.*, repeating the dose after three and six days. This remedy had the best effect, so that after a few days the inflammation, eruption, and swelling disappeared, and the patient was dismissed cured.

Case 7. Adam Schmidt's child, 6 years old, was habitually subject to inflammation of the eyes, which left them only for a few days at a time. The last attack had occurred six weeks before, and was accompanied by intense redness, swelling, and soreness of the eyelids, together with numerous small itchy pustules, and photophobia, which had formerly been the case only when the inflammation was very intense. *Spirit vin. sulphur, five* given every three days, had the effect of developing

still more the eruption, which, however, scabbed off after the third dose. By this time the redness and intolerance of light had completely left. Six days afterwards, without giving any more medicine, I found that the cure was considerably advanced. The cure was completed after two more doses of the sulphur, within three days.

Case 8. The wife of Anthony M—— of Ph——, 30 years of age, of sanguineous temperament, having never had any complaints except a periodical headache of frequent recurrence, had for ten weeks past laboured under a violent inflammation of the eye, for which she could not assign any cause. On examination I found the following symptoms: pain in the right eyeball, of such intensity, that she could not bear even a slight touch; redness of the sclerotic, and development of numerous blood-vessels; dulness of the cornea, great sensibility to light; the iris of the affected eye, which, in its natural state was blue, like that of the sound eye, was now green, the pupilary margin was not well defined, the pupil itself did not move on exposure to light, the lens appeared of a smoky dimness; an eruption of red pimples and pustules on the nose and cheek increased, as the action of the eye declined, and *vice versa;* a burning tearing pain in the neighbourhood of the diseased eye, which was particularly severe morning and night, deprived the patient of rest and sleep. In these circumstances, I gave a drop of the 5th dilution of *rhus. toxicod.* every twenty-four hours for four days. In the course of twelve days I received the information that the disease was much abated. A drop of the same remedy of the 1st dilution was now given every three days, which effected a perfect cure.

Case 9. The daughter of Charles W—— of H——, was from her childhood so deaf, that she could only learn to speak very imperfectly. She was subject to attacks of tenia capitis and inflammation of the eyes. When 7 years old the tenia and ophthalmia were cured by cold washing. For half a year, the girl, now in her 24th year, had been affected with soreness and redness of the borders of the eyelids, when the secretion of mucus is much increased. Besides this, the catamenia which were regular, were accompanied with violent pains. Three doses, consisting of one drop each, of the 5th dilution of *psorin*, administered within six days, produced no effect on the disease

in fourteen days. The *spirit calcar. sulph.* given in doses of one drop, and repeated five days after, produced a rapid cure.

Case 10. The son of R——, cartwright, 14 years old, a robust lad, had suffered for four months from considerable photophobia of both eyes, which was greater in the evening than during the day. There was, at the same time, a rosy redness of the sclerotic, where, and also in the conjunctiva, the blood-vessels were very numerous. A severe inflammation was produced in the left eye by the patient wounding himself there with a straw. I gave him ten drops of the 1st dilution of *euphrasia*, in 3 oz. water, and made him take a table-spoonful of this morning and evening. In four days the affection was considerably ameliorated. I gave ten drops of the tincture of *euphrasia*, in 3 oz. water, with instructions to the patient to bathe his eyes with it, and to take a table-spoonful every two days. In six days more there was not the slightest trace of inflammation or irritation in the eyes.

Case 11. Susanna F——, 19 years old, a robust girl, of slender form, perfectly developed, was from her infancy affected with ophthalmia, unaffected by scarlatina, which she had in her 11th year. She had made use of many remedies, and was even now using a salve, but without the slightest benefit. When the patient came under my care, on the 8th August 1838, the following were the principal appearances: photophobia and lacrymation, both very severe; the borders of the eyelids red and swollen, ulcers on the cornea, in the vicinity of the sclerotic, where there is great vascularity; her catamenia are not regular, she sometimes passes three months, and then there is but a scanty appearance; all her other functions normal. I gave *conium maculatum* 30, and repeated the dose four days after, which caused speedy benefit, not, however, of long duration. A relapse having occurred on the 16th August, I gave one drop of *conium* 18, and repeated this every three days until the patient had taken four doses. On the 29th the photophobia and redness were much diminished, the ulcers healed, and in their places two little spots; the right eye was still tearful. On giving a drop of the 8th dilution of *conium* every four days, nothing remained but the spots on the cornea, which after the lapse of several months disappeared spontaneously.

REVIEW.

Homœopathy and its Kindred Delusions. Two lectures delivered before the Boston Society for the Diffusion of Useful Knowledge. By OLIVER WINDELL HOLMES, M.D., Ticknor. Boston, 1843.

Homœopathy: with particular reference to a Lecture by O. W. Holmes, M.D. By A. H. OKIE, M.D. Boston, Otis Clapp, School Street.

Some Remarks on Dr O. W. Holmes' Lectures on Homœopathy, and its Kindred Delusions. Communicated to a friend. By ROBERT WESSELHEFT, M.D. Boston, Otis Clapp.

An Answer to the Homœopathic Delusions of Dr O. W. Holmes. By CHARLES NEIDHAND, M.D. Philadelphia, J. Dobson, Chesnut Street.

We gladly embrace the opportunity afforded us by the arrival of these controversial pamphlets, of offering some general observations on the discussion, since the distance of the scene of the contest, and our ignorance of the personal character of the parties, enable us to observe the matter with more impartiality than if it had occurred at home.

Dr Holmes, we believe to represent a large class of minds; and we doubt not that his lectures will be perused with avidity, and their spirit participated by very many both professional and general readers, as well here as in America. And if we considered him in the light of an advocate—a Crown-counsel—whose object was to inculpate a particular set of opinions, and by any method of reasoning or of declamation, to obtain a verdict against them, we should not hesitate to pronounce the task well done. Perhaps it would not be fair to judge him by a higher standard, as he does not aspire to the character of either a candid enquirer, or a philosophic thinker. We must be content, then, if we join issue with him at all, to meet him on his own ground, and, for the present, to plead our cause at the bar of his selection.

The first announcement of homœopathy, viz., that it is a system of direct cure, by means of medicines capable of producing diseases similar to those they heal, and which are given in quantities so minute as to be quite inappreciable by the senses, partakes so largely of the wonderful, that the most credulous man alive naturally recoils not merely from its adoption, but even from its examination; and it is only by being brought into close contact with the alleged facts on which its pretensions rest, that any one is inclined to look with favour upon it. It is not till one sees this apparently absurd and ridiculous system attracting adherent after adherent of respectability, in point of talent and information, in different countries and in different situations,—when the number of these adherents increases with so alarming a rapidity as to threaten to inundate his home and kinsfolk with the flood of innovation,—it is not till then that he is led to consider whether a system so general and invading may not be true, and by a kind of reflex process to enquire, out of curiosity, about the facts and arguments which have induced other men to adopt what seems to him a very ridiculous absurdity. To stifle this inclination to enquire, Dr Holmes has planned his lectures in a way singularly suited to gratify the pride and indolence of his hearers, by trying to persuade them that this troublesome system is in reality unworthy of calm study; and that, therefore, they may rest in peace, and need suffer no misgivings about the possibility of a system, which they would fain keep at arm's length, as an impertinent delusion, turning out a momentous truth, with which they must one day grapple, and by which, if they cannot overthrow it, they must be overthrown.

To allay such apprehensions, Dr Holmes has taken some well-chosen examples of systems now exploded, which in their day attracted as much notice, and gained as many proselytes as the one he opposes.

The examples he takes are—

1. The royal cure of the king's evil, or scrofula.
2. The weapon ointment, with its twin absurdity, the sympathetic powder.
3. The tar-water mania of Bishop Berkeley.
4. The history of metallic tractors, or Perkinism.

These four topics form the subject-matter of his first lecture, which is clearly written, and by no means uninteresting.

But before we pass to the next lecture, which treats of homœopathy, let us fairly consider what relation that system bears to the practices described in the introductory pages.

When a system of practical doctrines is announced, professing to be derived from experiment and observation, there are two methods of approaching its investigation: the first is the empirical, and the second the rational. It may be that only one of these is applicable in the case, and if so, the system requires to be subjected to a much keener scrutiny before its adoption, than if it could be tested by both methods; and all thinking men would draw a wide distinction between practices which it was quite impossible to investigate by the rational method, and a system which, while it appealed to facts to attest its truth, on the one hand, courted, on the other, the light of reason to shew the rationality of its principles. We observe, then, at the outset, this broad distinction between the delusions which are described in the preamble, and homœopathy, which is arraigned in the body of the indictment.

We suppose that it never entered into any one's head that it was possible that the virtues of tar-water could have been anticipated without trial, or that from reflection alone it could be pronounced a panacea: it is the same with regard to the other delusions; although the alleged facts might have been fancifully accounted for, yet the method never could have been arrived at except by experiment. With homœopathy, however, it is widely different: able physiologists, and men of varied accomplishments and profound thought, have shewn that, whether homœopathy be true or not practically, yet there are strong grounds for believing it true theoretically; so that had Hahnemann never practised it at all, yet it might have taken its place among the beautiful but inapplicable theories.

A little closer examination will shew still stronger shades of contrast.

All the evidence adduced to prove the reputed efficacy of these superstitions, is the fact of men having believed them; we are not permitted to judge of the grounds of their belief; while for homœopathy, the fact of men believing the evidence

on which it rests, is quite subsidiary to the evidence itself. Each man can weigh for himself the testimony of credible witnesses, and form his judgment independently of the effect that evidence might be supposed to have on others. This is not allowed us in regard to the "delusions;" we cannot investigate the facts: we can only observe a certain obscure reflection of the facts in the reported opinions of those by whom they were seen, or to whom they were related. Not only may we examine the evidence of credible witnesses dispassionately, but we can reproduce, at a small expenditure of time, many of the phenomena they attest; we can experiment as well as observe. We cannot thus try the truth of assertions regarding appearances past beyond recall.

Lastly, we know the assertions of the extraordinary virtues of Perkinism, tar-water, &c., to be false, because they have been disproved; and, with regard to homœopathy, we know that it never has been refuted experimentally; and, therefore, it is altogether unfair to class it among delusions, until it has been proved to be a delusion. We have no right to brand it first, and then to try it; for the only affinity it has with these asserted kindred delusions is, that both were once new—a tolerably extensive bond of relationship—and the one was popular, and the other is and will be popular. The sudden popularity, which is but the echo of a day's clamour, may argue the falseness of the popular thing; but that a system has been gradually gaining popularity for half a century, is rather a singular proof of its being a delusion. Certainly if the converse be true, and unpopularity be an evidence of truth, the old school of medicine may congratulate itself in its increasing claims to confidence.

Leaving, then, the family circle into which Dr Holmes would so unceremoniously confine Homœopathy, with about as much reason as Byron included in one satirical line,

"Tractors, galvanism, and gas,"

let us proceed to examine the arguments brought forward to refute this "shadowy system," which, as he observes, "is not entitled, by any thing it has said or done, to the notoriety of a public rebuke, much less to the honours of critical martyrdom." Aware of the practical character of this shadowy

system, he excuses himself at the outset, from the very obvious charge of incompetence, owing to his want of experience in the system he criticises. "Have you tried to see whether the experiments were true or false?" "No!" he rejoins; "why should I repeat the experiments which have been so satisfactorily performed elsewhere?" This is always the reply of slothful bigotry; but its very conception recognises the relevancy of the charge. The grounds of its disbelief are experiments. For a man to maintain that by facts he has been led to disbelieve, implies, that by facts he may be led to give up his disbelief. And it is dishonouring to the principles of free judgment, and savours of the rankest hypocrisy, to affect to be swayed by the sacred compulsion of facts, while refusing to engage in a minute enquiry into all counter-evidence. It is assuming the attitude of a judge, and espousing, with the unscrupulous partiality of a special pleader, one side of the question, with the certain knowledge, that by so doing, the facts on the other side must be masked, distorted, or unknown. If the question is to be tried on the ground of evidence, it should be tried on the whole evidence.

But, says Dr Holmes, it would require so many facts to make me believe that the numbers would be too great either to collect or to examine. This apology is on a par with the resolution of Æsop's blunderer, that he would not enter the water until he had learned to swim.

This much, then, we know, that we have not here to do with a practical man who has followed Hahnemann's injunction of "refute me, by proving my assertions false experimentally; not by empty words." Dr Holmes rests his faith simply upon the experiments of Andral, and of one or two others, which we shall advert to afterwards.

After this announcement, we are not surprised to meet with extreme inaccuracy of detail and ignorance, which, on any other subject, would be held disgraceful. But it is very remarkable that in Homœopathy alone, not only a little knowledge, but every amount of knowledge, is a dangerous thing.

Thus we meet, at the outset, with this singular proof of deep study and reflection. "The three great asserted discoveries of Hahnemann are entirely unconnected with, and independ-

ent of each other. * * * Assuming that diseases are cured by remedies capable of producing symptoms like their own, to be a fact. No relation exists between this fact, and the next assertion, namely, the power of the infinitesimal dose." The relationship may not be so intimate as between "tar-water and Homœopathy," or "tractors and gas;" yet readers of Hahnemann's works are aware that the second proposition stands in the relation of a scholion to the first, and as we write for these—not for Dr Holmes—we shall not "bestow our tediousness upon them," in proving this to be the case.

In dealing with the different propositions of Homœopathy, like most writers, he finds the first fundamental aphorism a dangerous antagonist, and passes it by with the observation, that although "like cures like," yet that it is not the sole law of cure. All we assert is, that it is a general law, we do not say it is exclusive; and it is for those who deny its generality to fix the limits of its applicability. The subject of small doses he treats with the usual *ad captandum* ridicule, about the lakes of alcohol, through which a drop would have to be diffused, in order to obtain the requisite dilution.

Jean Paul, in one of his works, makes a joke about the coincidence of his birth with that of spring, and says that he has so often fired it off in conversation as to have grown ashamed of it; and how he is determined, by giving it to the world in print, to prevent himself ever repeating it. If some plan were adopted for embodying, in a small compass, all the jokes that are daily fired off against homœopathy, it might have the salutary effect of preventing their wearisome repetition, and induce men to enquire into the sources of their merriment.

But, as we trust no earnest enquirer will be now deterred from examining into the effects of small doses, by the ridicule that has been heaped upon the practice of their administration, neither will he be deterred by any *ex-cathedra* demonstration of their nullity. In science, the possible must wait upon the true. History has presented so many examples of former impossibilities turning out present realities, that we find good sense in Mirabeau's impatient exclamation, "Never mention to me that impertinent word." Did not the doctors

of the Sorbonne ordain, that, when both the legs of a man were cut off, the trunk must die of putrefaction? and when the subject of the operation recovered, did they not prove that he *ought* to have died? And when Professor Panvini demonstrates, that, to make the fourth dilution, a quantity of water as large as Lake Agnano, which is four miles round, would be required, all we can say is, that morbific agents dispersed through an ocean wider, deeper, and more mobile than the Atlantic—the ocean of the atmosphere,—in quantities whose original bulk is less than the quantity contained in our high dilutions, are capable of producing as rapid and terrific effects as a large dose of the most active poison.

But the main object of Dr Holmes' attack is Hahnemann; and he addresses himself, with much self-confidence, to the contest.

His chief charges against Hahnemann are, that the illustrations he gives of the law of "*Similia similibus curantur*" are quite false; and that he is an ignorant pedant, misquoting old authors difficult of access, to find authority to support his rule of practice.

To establish his first charge, he comments on the illustration Hahnemann gives of the homœopathic principle in the common practice of treating frozen limbs with ice. These are Dr Holmes' words (p. 47),—"There are a few familiar facts, of which great use has been made as an entering wedge for the Homœopathic doctrine. They have been suffered to pass current so long, that it is time they should be nailed to the counter, a little operation which I undertake, with perfect cheerfulness, to perform for them.

"The first is a supposed illustration of the Homœopathic law, found in the precept given for the treatment of parts that have been frozen, by friction with snow or similar means. But we deceive ourselves by names, if we suppose the frozen part to be treated by cold, and not by heat. The snow may even be actually warmer than the part to which it is applied. It never did, and never could, do the least good to a frozen part, except as a mode of regulating the application of what? Of *heat*. But the heat must be applied *gradually*, just as food must be given a little at a time to those perishing with hunger. The patient is commonly brought into a warm

room, where heat would be applied *very rapidly*, were not something interposed to prevent this, and allow its gradual admission. Snow or iced water is exactly what is wanted: it is not cold to the part: it is very possibly warm, on the contrary; for these terms are relative; and if it does not melt, and let the heat in, or is not taken away, the part will remain frozen up until doomsday. Now, the treatment of a frozen limb by heat, in large or small quantities, is not Homœopathy."

We give Dr Wesselhœft's answer (p. 21) to this specious objection. We believe, however, that the true explanation of the fact is to be found in the exposition of the principle on which all Homœopathic remedies act, as that is taught in Fletcher's Pathology,*—the only systematic work on pathology, as far as we know, either in English or any other language, which scientifically and fully treats of the homœopathic doctrine,—and a work which, on this account, independently of its other merits, deserves the most attentive perusal of all who are engaged in the study or in the practice of Homœopathy.

At page 485, when treating of the action of revulsive medicines in the cure of inflammation, he observes:—"Now, from what has been said, it must follow, that almost any remedy, whether direct or indirect, which is competent to remove not only inflammation, but most other diseases of diminished action where they already exist, must be very apt to produce such diseases where they do not,—the only difference consisting in this, that the irritation which they occasion is in the former case healthy, and in the latter morbi and if these views be adopted, we shall be prepared to receive, with less repugnance than some persons who are obviously incapable of appreciating it, have thought proper to display, the theory proposed in 1810 by Hahnemann, under the name of Homœopathy." * * * Farther on, in explanation of his views upon the *modus operandi* of homœopathic medicines, he continues:—"If we choose to represent the ordinary irritation [*i. e.*, the normal condition] of the vessels of the iris by a longitudinal line, say an inch high, it is easy to conceive certain substances capable of raising it to an inch and a-half; but this height, as it cannot be main-

* Fletcher's Pathology. Edinburgh 1842.

tained after a time, is reduced spontaneously through double the space that it had been raised; *i. e.*, falls as much below an inch as it had been before raised above it, or to half an inch; and what are the substances (remedies) now called on to effect, but what they effected at first; namely, to raise the line of action half an inch: the result of which is now health, as it was before disease. We must remember, that it is in the secondary or depressing effects of exciting causes in general that inflammatory diseases, at the time we are called upon to treat them, consist; and there is surely nothing absurd, but, on the contrary, every thing reasonable, in the presumption, that the same exciting cause, in such a manner, or at such a time, applied as to insure their primary or exciting effects, will act as the best remedies of those diseases which, under other circumstances, they have occasioned." So that he conceives that these medicines cure, not by producing a stronger, but an opposite impression, and that homœopathic remedies operate, after all, on the antipathic principle. This view, accordingly, agrees with Dr Holmes' explanation of the action of snow in frost-bite, and if he will only carry his own principles to the action of other medicinal agents, he will become a homœopathist. We must remember, that here he is giving the pathological rationale of their action, not the therapeutic rule for their selection.

To return to Dr Wesselhœft, he observes, "There is a great law of *life* throughout all nature; it is the *propagation of warmth*. In all cases, warmth has a tendency to effect, by propagation to colder substances, an equalization of temperature. And there is another law,—the law of *reaction*. It is a power of *organic* bodies to operate against influences, or impressions coming to them from without. This activity of the organic system is connected with its susceptibility to such impression. It is the same law of susceptibility and reaction which forces the digestive organs to operate when we have been eating, or to vomit when we have taken poison. Thus the reaction is performed against natural and unnatural irritations. This power of reaction strives always to maintain the existence of the organism, which operates as the healing power of nature in various ways.

"This, Sir, is a series of physical principles, by which it may

be explained how the snow is not warm to the frozen part, even not 'possibly'! But the snow has the peculiarity of being, like water and air, a very good conductor of warmth; that is, it produces, by concentrated excess of cold, an unnatural irritation of the susceptibility of the frozen part, and excites it to react against the cold of the snow;—'by what? by heat!'—Yes, Sir, but merely by the vital heat of the organism. Thus, the snow forces the organism to propagate the heat, first to the frozen part, and finally to the snow itself, which begins to melt as soon as the vital heat is led into it. This is a new evidence that the dynamic virtue of a substance passes over the limits of its own body. The vital heat is such a dynamic virtue.

"The principle of reaction, Sir, is now the standard principle of the new system of curing diseases by cold spring-water. There is scarcely a learned physician in the world who used cold water, ice, or snow, against the excess of heat in nervous fevers, &c., according to the principle, '*Contraria contrariis curantur.*' No, Sir, it was the principle of *reaction*, the true principle of nature! Without this reacting power of organic nature, a patient treated with ice during the heat of a fever, would be killed by apoplexy. How often this law of reaction has been misunderstood for a command of nature to use *contraria contrariis*, or cold water for antiphlogistics; and how much confusion this misunderstanding has brought into the principles of the old school, is known to every one acquainted with the history of 'rational medicine!'

"To the law of equalization, and the tendency of warmth towards it, we refer to inorganic or dead substances. When you lay your frozen turkey in a tub of cold water, you will find that the water loses its warmth, and your turkey gains some; but not so much as the water loses, because it exhalates a part of its warmth in the air. You find, of course, that there is quite a contrary way of equalization than in organic bodies; for in the latter is produced, by reaction, a higher degree of warmth than is necessary for heating the frozen limb, for the snow leads a part of the vital warmth over to itself. In the case of the turkey, a certain part of the frost goes out of it, and of the surrounding water, and another part settles there, and in the turkey, which remains in an inferior degree of cold; nei-

ther the turkey becomes warmer than the water, nor the water warmer than the turkey.

"The consequences, also, are different. Your frozen turkey, or apples, or potatoes, &c., will putrefy in a shorter time than they would have before; a frozen limb, or body, recovered by the law of reaction, will live 'till doomsday.' Allow me, Sir, to return to the first subject. Snow cures a frozen limb, not by its heat, but by irritating the vital susceptibility, and calling forth the reaction. Now, it was not by the snow, it was by the cold of the air, that the limb was frozen; and the snow, as closely related to the air, like water and ice, but not air itself, may cure the frozen part according to the principle, *like cures like*, and not, as Dr Holmes pretends, according to the law, *same cures same*. The principle, therefore, stands firm in this case. A limb frozen in cold air will remain such, 'till doomsday,' by application of cold or warm air; and I take the liberty of remaining also quite doubtful as to the experience of Dr Holmes, in healing, by an *imperfect* reaction, produced by the application of melting snow or snow-water, in a warm room even gradually, a frozen limb, or a whole frozen person. He seems himself astonished at his discovery, when he says, 'snow may even be actually warmer than the part to which it is applied. But, even if it were at the same temperature when applied, it never did, and never could do, the least good to a frozen part, except as a method of application of what? Of heat!'

"This is a classic passage in the lectures, Sir. We must look to the Esquimaux, indeed, to see if snow really never does good to a frozen limb, except in a warm room."

Let us see whether Dr Holmes is more successful in his attempt to fix on Hahnemann the crime of misrepresenting old authors. But, at the outset, it is really a little difficult for us, at this distance, to refrain from smiling, when we see the amazing coolness with which a man wholly unknown to science and fame, living in a position the worst possible for entering upon a discussion requiring erudition, with access to no great libraries, and ignorant of modern languages, challenging one of the most learned men of Europe to discuss a matter of pure authority. Has he no fear that if his feeble voice should resound in the vaulted galleries where the writings of sages from

the earliest times repose, it would awaken the living fire of indignation, and consume this rash, unconsecrated intruder into the sanctuary of learning. He need have no fear that he will wake the thunder of any vaulted library on this side of the Atlantic; but he may learn, from the triumphant answer he has received from one of his opponents, which is but the echo of the deeper voice that speaks in Germany, how dangerous, if it were not pitiable, his position is.

Speaking of one of Hahnemann's quotations, he says (p. 46):—

"Even if every word he had pretended to take from his old authorities were to be found in them, even if the authority of every one of these authors were beyond question, the looseness with which they are used to prove whatever Hahnemann chooses, is beyond the bounds of credibility. Let me give one instance to illustrate the character of this man's mind. Hahnemann asserts, in a note annexed to the 110th paragraph of the 'Organon,' that the smell of the rose will cause certain persons to faint. And he says, in the text, that substances which produce peculiar effects of this sort on particular constitutions, the same symptoms in people in general. Then, in another note to the same paragraph, he quotes the following fact from one of the last sources one would have looked to for medical information, the Byzantine historians. 'It was by these means' (*i. e.* homœopathically) 'that the Princess Eudoxia, with rose-water, restored a person who had fainted!' Is it possible that a man who is guilty of such pedantic folly as this; a man who can see a confirmation of his doctrine in such a recovery as this—a recovery which is happening every day—from a breath of air—a drop or two of water—untying a bonnet-string—loosening a stay-lace—and which can hardly help happening, whatever is done; is it possible that a man, of whose pages, not here and there one, but hundreds upon hundreds, are loaded with such trivialities, is the Newton, the Columbus, the Harvey, of the nineteenth century!"

In reply to this burst of indignation, Dr Wesselhœft observes, p. 31:—

"It may be ridiculous to a stranger to German learning, that Hahnemann should even look at the Byzantine historia

for medical knowledge. You will allow me, Sir, to give you an explanation. In the 117th, not in the 110th, paragraph of the 'Organon,' Dr Hahnemann says, 'What proves that these agents' (those which appear to operate only in particularly healthy constitutions) 'really make an impression upon all individuals is, that they cure homœopathically in all patients the same morbid symptoms as those which they themselves appear to excite, only in persons subject to idiosyncrasies.' On this he makes the following remark:—'Thus the Princess Maria Porphyrogeneta restored her brother, the Emperor Alexius, suffering from syncope, by sprinkling him with rose water (το των ῥοδων σταλαγμα,) in the presence of her aunt Eudoxia.' I know very well that Hahnemann made two mistakes in this historical illustration; for it was not her brother, it was her father whom Maria Porphyrogeneta restored in the presence of her sister, not her aunt Eudoxia; and then he did not mention that Anna Comnena, the third daughter of Alexius, was also a present witness. But I pray you, Sir, to go with me to Germany, where the Alexius, or the History of the Emperor Alexius Comnenus I., written by his daughter Anna Comnena is, by the translation of our great Frederick Schiller, in the hands of every lover of history; and in which it is shewn by this same Byzantine writer, that the ladies were often acquainted with medicine. You will also find in Germany, that every learned man contributes his portion of knowledge, for the purpose of finding explanations of what has been misunderstood in the old authors. The place alluded to in the Alexius may be found, Lib. xv. (p. 397, in the Venetian edition of 1729). Anna Comnena tells us, that her father was deadly sick for some time; that he had fainted a second time, and in such a way, that unless help could be given, it seemed as if he would have died from this attack, and continues: 'και αλλα . . . . . αυτῳ στιγραθεντος ψυχρου εκ του των ῥοδων σταλαγματος, παρα της φιλτατης ημων αδελφης Μαριας.' The meaning of this passage is: 'and for the rest . . . . . he was sprinkled with fresh water out of the drops from roses, by my beloved sister, Maria.'

"This fact is related with the observation that rose-water had before restored Alexius, in the same disease, on his first

attack of syncope or faintness. The Latin paraphrase of the Jesuit Petrus Possinus, uses, for the expression, ψυχρου εκ του των ῥοδων σταλαγματος, the false interpretation 'frigidum inspersit vultu eliquatumque e rosis succum in os ut prius instillavit;' that is, 'she sprinkled cold water in his face, and let fall some drops of the juice extracted from roses into his mouth, as she had before done.' This was a long and fatal disease, Sir, which terminated, a short time after the attack here mentioned, with the death of the Emperor, and I rather think that the remedies indicated by Dr Holmes against 'syncope,' which means in the Greek language, and in the terminology of medicine, something more than a common fit of a romantic girl, were all known to the physicians of the Emperor, but useless in this case; the treatment of which, and the quarrels amongst the learned allopathic physicians about both, is accurately described in the Alexius. Whoever is capable of reasoning will see that the fact alluded to is not well related by Dr Holmes, in the following words: 'It was by these means' (that is, homœopathically) 'that the Princess Eudoxia, with rose-water, restored a person who had fainted;' just as if they were the words of Hahnemann that he used! And you will also see that the fact is exceedingly well chosen by Hahnemann, as a proof in favour of his opinion of the use of rose-water in syncope, because it produces syncope by idiosyncrasy in persons in health."

Having thus successfully overthrown Hahnemann, by shewing him devoid of learning and of powers of reasoning, Dr Holmes marches triumphantly to take possession of the "spolia opima," afforded by the fatal results of Andral's trial of the Homœopathic system in La Pitiè, undertaken with the assistance of Dr Holmes' friend, the modest and accurate M. Vernois. Since the article which appeared in the preceding number of this journal, upon Andral's trials, no writer on the subject of Homœopathy has a right to quote his authority, until, at least, that article be refuted.—(*Vide* p. 49 of Second Vol. of British Journal of Homœopathy). After a falsehood has been once exposed, any one who employs it for his advantage is as culpable as he who forged it. If Dr Holmes wrote, as we hope he did, in ignorance, we can only pity his disappoint-

ment, when he finds the bay-chaplet of victory turned, by the withering criticism of an industrious researcher, into a bunch of thorns.

The other trials to which he alludes, are those of Dr Curie and Professor Jörg. If any one will read the account which Dr Curie has published of his trials, he will find it proved, beyond the possibility of doubt, that they cannot be adduced in evidence against Homœopathy, and that if they prove anything, it is the most suspicious negligence of those under whose authority he undertook experiments; and who, after losing the documentary evidence respecting the result, asserted it to be different from what Dr Curie maintained was contained in the lost documents.

As to Professor Jörg, so far from disproving Hahnemann's experiments upon the action of medicine, they afforded materials for the compilation of his *Materia Medica*. We have not entered at all into the special merits or demerits of Dr Holmes' writings, as it was rather with the view of shewing the general character of the attacks made against Homœopathy, than of shewing Dr Holmes incompetency, or of exposing his misrepresentations, that we wrote this notice. But we are glad that his pamphlet was published, as it has afforded an opportunity to the espousers of Homœopathy in America of exhibiting, not only much talent, but also much temper; and nothing assures us so much of the success of the system, as the absence of all that bitterness which usually distinguishes the advocates of a losing cause, and which the unwarrantable language of Dr Holmes would have palliated, if it did not justify.

We should gladly have given extracts from all of these; but we are prevented by want of space, and so all we can do is to give them a hearty "God-speed," in this their struggle; reminding them, that distant though the scene be, and apparently insignificant the immediate object of their writings, for the memory of opponents of a truth, is hardly worth perpetuating, yet that their bearing in this controversy may have great effect in giving a right direction to the revolution in medicine, which is even now beginning to awaken the fears of the most supine,

"With fear of change perplexing nations."

To those on this side of the Atlantic who are interested in Homœopathy, we strongly recommend these pamphlets; it may prepare them for contests soon to be re-enacted at home: and when our press teems with controversial writings, as it has begun to do, we hope that the defenders of Homœopathy will give their friends as little cause to regret their advocacy, as our Transatlantic brethren have done.

PRUSSIAN LEGISLATION ABOUT HOMŒOPATHY.

Medical Reflections of a German on the Cabinet Order in Prussia, relative to the Dispensing of Homœopathic Remedies by Physicians. By Dr GRIESSELICH.

During the summer different political journals have communicated the intelligence, that the Prussian Government have granted permission to physicians to dispense homœopathic medicines themselves; yet the particulars of this resolution were not known, until they were published in the Allgem. Hom. Zeit., vol. xxv, No. 6, of the 9th October. According to this Cabinet order granted by the King, and signed by three Ministers of State (§ 1.), every medical man, qualified for civil practice, is allowed "to dispense medicines prepared according to homœopathic principles;" every physician must, however, obtain "a permission from the Minister of Medical Affairs." (§ 2). This can, however, only be granted to those who submit to a particular examination, and shew "that they possess the necessary knowledge and expertness for distinguishing the different medicinal substances, to the determining their various qualities, and properly preparing them." (§ 3). The Minister for Education and Medical Affairs will appoint the Examining Commission, which will consist of "men properly qualified, and having a practical acquaintance, most particularly with Botany, Chemistry, and Pharmacology; as also with the principles of Homœopathic practice;" and will be located in Berlin. The Minister may also appoint the examination in other places, "to be held by specially appointed commissaries." The arrangements of those physicians dispensing homœopathic remedies are subject (§ 4) to a periodical visitation of the Medical Police Authorities; and those privileged to dispense must prove their drugs to be from a proper locality, and of good kind; and further, they must prove that they have the most important medicinal substances in the first dilution; "a list of which shall follow;" and a journal must be kept, registering the "nature and dose" of the dispensed medicinal substance, the name of the patient to whom it was administered, and the date of its administration.

Prepared homœopathic medicines must not be procured from foreign

laboratories (§ 5), "in order to be dispensed by physicians themselves;" every one who dispenses homœopathically, must give medicines only to the patients he himself is treating (§ 6); under the pretence of homœopathic treatment, no one must dispense "medicines prepared according to what is called the allopathic method;" any one who dispenses homœopathic medicines (§ 8), without a Government license, "shall be for ever deprived of the right," and shall be punished, in accordance with the laws relating the illegal sale of medicines; according to 9, the same punishment (deprivation of the license) shall be inflicted on the transgressors of § 6 and 7; a violation of § 4 and 5 shall be fined 50 dollars; a repetition of the offence, after having been twice fined, shall be liable to deprivation of the license; § 11 relates to the "inspection and punishment of those engaged in carrying out these laws, relative to the proceedings against medical men, for any dereliction of their official duties;" according to § 12, the new regulations do not refer to what are called the isopathic medicines.

This public recognition, by a great German kingdom, is a memorable event in the history of our school, and will most certainly be universally acknowledged with gratitude. This, however, will not prevent me from commenting upon some palpable deficiencies, which I find myself compelled to do, independently of the protest of Prussian physicians, which has already appeared, because the precedent in a large state, might easily serve as an example for other countries; the affair possesses altogether a universal interest.

The most important point is, that physicians may now practise *according to their conviction*, and are not, as formerly, banished, as it were, under police regulations, which might, perhaps, have been better adapted for other times and circumstances, and for other physicians; but which, in their application to *our* circumstances, could only be regarded as a clog on their progress.

If the Government gives "*liberty*," it has also the right to prescribe what amount and form of it it will allow; therefore, no one can blame the Prussian Government for granting the permission under certain restrictions. That a privilege for dispensing medicines (§ 1.) is granted to every medical man, "as far as is consistent with his license for civil practice," is very well expressed; physicians alone have the right, mere surgeons (Wundärzte) and doctors of philosophy, and such like *dilletanti*, who fill the world with their miraculous cures, have none. It is also very reasonable that (§ 2.) every physician should apply for permission. If it should appear, at first sight, an encroachment on personal liberty, yet it is, without doubt, very necessary under the circumstances, as nothing but danger could result from the uncalled-for and surreptitious intermixture of dishonest practitioners. In Wirtemberg, every physician who practises homœopathically, must apply for permission from the Government, before he can dispense himself. *It is, however, denied to none;* the applicant must only render every year a compendious account of his practice. Every Government must know to whom it grants the

permission; therefore, in my opinion, it would further be very proper, that every physician should undergo an examination, *in order to be quite certain that he understands what he practises.* What appears to me not quite so expedient in § 3 is, that the examination in botany, chemistry, and pharmacology, is placed first, as if they were the *principal part;* whilst the examination in "*the principles of Homœopathy*" follows afterward, as if it were a point of minor importance. Let the examination be in the principles of this method of treatment; let the candidate give proofs of his knowledge, practical qualifications, and scientific education; thus, a judgment may be formed of the propriety of granting a permission. The preparation of the medicines is decidedly the less important point, for very few physicians have time, means, or dexterity, sufficient for making the homœopathic preparations, and fitting up a place for them; they generally procure all the medicines they require from physicians of their acquaintance, or from druggists on whom they can rely, or they get, perhaps, only the strong tinctures, and make the dilutions according as they require; this requires no particular skill; any trustworthy servant can do it. Let every physician, and by all means every druggist, who devotes himself to the preparation of homœopathic remedies, be examined in this manner, but let the physician who only dispenses, be subjected to an examination relating to dispensing alone. Excepting Brunswick, I know of no country where examinations of practising homœopathic physicians have been introduced; but I do not think that the Prussian examinations can be brought to bear on those already practising; but Government could not be blamed if they were to subject them to the same rules which, we have above stated, prevail in Wirtemberg, but limit the *examination* to future candidates.

That this examination is to be conducted by men of the same school, it must be acknowledged is a great advance; the medical colleges hitherto having been unacquainted, and inimical to our doctrines; from ignorance, scholastic self-sufficiency, &c.

According to what I have said above, I would consider an inspection to be perfectly requisite in the case of a physician, who devotes himself to the preparation of medicines; but where the physician only dispenses, and, of course, obtains his medicines from other sources, no inspection of the nature described in § 4 is necessary; his room is his pharmaceutical manufactory; a small chest, or the like, his warehouse. The physician ought, in all cases, to keep a journal; if he be not in the habit of doing so, the regulation, § 4, is good, which obliges him to keep one. It appears reasonable, I may say absolutely necessary, to make the regulation, with respect to the inspection of the homœopathic laboratories of druggists, more complete. All such inspections should not be performed by the Medical Police Authorities alone, but by physicians of the homœopathic school, in addition to these authorities; for I rather fear the latter would be disposed to turn, make a wry face, at the idea of inspecting a homœopathic laboratory, as used to be the case with the

Medical Colleges, when they had to examine a homœopathic candidate. By so doing, all parties would be satisfied.

It is much to be lamented that the regulation, § 5, was ever made. What does "foreign" mean, in reference to Prussia? What does it mean as regards Germany? I had thought we had relinquished the idea of a continual restriction, and that our object was to form, in every possible way, one political, mental, material, and, as it has always been, united Germany, which is also the design of the Zollverein. In my opinion, the regulation, § 5, is diametrically opposed to the rules of the Zollverein, if Prussia prohibits the importation of medicines from all other countries, consequently from those included in the Zollverein, it may also extend the prohibition to other articles, and then Reuss-Greiz, Reuss-Schleiz, Lichtenstein, Hamburg, and the other large and small States, will have the same right of exclusion; thus will there be a revival, on a large scale, of the monopolies of mills, breweries, brick-kilns, &c. Where a physician thinks, and from experience knows, that he can get good medicines, there he should procure them; if he cannot do this, a great deal of the good effects of the new Prussian regulations will be neutralized, and the patients, for whose benefit the regulations were devised, will be the sufferers.

§ 6 is a good one, as it is well calculated to prevent any intermeddling of unqualified persons with home medicines.

The accurate distinction between homœopathic and allopathic medicines must be difficult. If, for example, in a case where it was homœopathically indicated, I should give one grain of the first trituration of Nux vomica, of opium, or of mercury, a mighty sage medical police authority, if disposed to be captious,—which will certainly sometimes be the case,—might prove to a nicety that the powder was a so-called allopathic one, on the strength of his being able to shew that some substance physically and chemically recognizable is there, and he might cite homœpathic physicians as having asserted that they dispensed "medicinal powers;" the authorities could bring forward the whole mysterious absurdities of our ultras to prove, in black and white, that a homœopathic powder should have neither taste, smell, colour, &c.; that, therefore, the medicine dispensed by Dr —— was "allopathic," which alone has the privilege of having a taste, smell, or colour, &c. We have here alluded to a most important defect in the new act, for, according to § 11, it is evident that the *existing* Medical Board are to conduct the investigations and impose the punishments on the homœopathic physicians. Here it is that the act is deficient in logical consistency; for if the homœopathic physician is to be examined by a board of medical men of his own persuasion, a college of homœopaths should decide all matters pertaining to homœopathy which come within the province of a college. It is all very right that there should be inspections and punishments, but the *modus procedendi* is highly objectionable, and I thus strongly condemn it, not as a Prussian, for that I am not, but as the champion of a common cause.

According to § 12, the late isopathic remedies are not included in the act. Judging from what has been openly done, and still more from what has been going on in secret, in this dirty line, the exclusion seems perfectly justifiable.

Finally, the act is defective in not containing a clause relative to *fees*. Many physicians, dispensing their own medicines in Prussia, demand payment for their medicines, and how does the law stand as regards this point? or must there be no charge? My opinion is, that it is unworthy the dignity of our profession to sell medicines; nay, more, that we should consider it a sacred duty to avoid, in every possible manner, the appearance of making a trade of our dispensing. What it is impossible to obtain in the ordinary laboratories, we should perform by dispensing ourselves,—*we should give medicines without the slightest claim for compensation.*

Let us consider the Prussian regulations as a precursor of better things to come, not as an act of *especial favour*, but as a praiseworthy act of *justice, to which we cannot but wish many successors in Germany.*

KARLSRUHE, *11th November* 1843.*

HOMŒOPATHIC CONGRESS.

HELD AT DRESDEN ON THE 10TH OF AUGUST 1843.†

Besides other interesting business transacted on this occasion, which want of space prevents us noticing, it was agreed, that the meeting should petition His Majesty the King of Bavaria, "that he would publish the Report of the Allopathic Physicians on Homœopathy, which has called forth a refusal on the part of Government to permit homœopathic practice in the hospitals,—or at least, in some way, make homœopathists acquainted with the contents of the document, that they might defend themselves."

[It would be interesting to compare this report with the letter of "The College of Physicians;" but, unfortunately, they have no Parliament there to bring to light the hidden reasons of the dogmatic college—"omne ignotum pro magnifico."]

"TO THE INSPECTORS OF THE STATE PRISON AT AUBURN."

GENTLEMEN,—Your attention is respectfuliy solicited to the following statement of facts, illustrating the comparative merits of the two systems of Homœopathic and Allopathic practice, in the hospital of the state prison at Auburn during the past year. In making this communication, I wish it be understood, that nothing is intended in derogation to the practice of Dr Pitney, as I consider it as an ordinary result of allopathic practice. The results are from the reports of the inspectors of the prison, and their correctness may be relied upon.

What renders them particularly interesting is the fact, that they are the results of two consecutive periods of practice, by two physicians, neither of whom expected at the time that the practice would become matter of review, or a subject of comparison with the practice of another.

* Hygæa, vol. xviii. p. 527. † Ibid.

It is fair, then, to conclude, that as far as the test has been carried, it does equal justice, of which none has a right to complain.

Homœopathy.

From the 30th Dec. 1841, to the 3d April 1842, during which period homœopathic medicines were administered in all severe cases of hospital practice, the number of deaths was—none.

The hospital was left, on the 3d April, with no individual confined to his cot by sickness.

Bills for medicines as per Report:—

1841.	Nov.	. . .	none
...	Dec.	T. M. Hunt, .	$2 77
1842.	Jan.	R. Steel, .	14 12
...	...	R. & M. Watson (alcohol),	7 50
...	Feb.	. . .	none
...	Mar.	T. M. Hunt, .	18 23
...	...	R. Steel & Co.,	13 00
...	...	B. Fosgate, .	10 50
...	May.	O. Reed, . .	5 50

Medicines in all for seven months, $71 62 : $10 23 per month; $122 76 per annum.

Allopathy.

From the 3d April 1842, at which time Dr Pitney took charge of the hospital, until January 1st, 1843, the number of deaths was seven.

My successor had on the 1st January six confined by severe sickness, and others in the hospital.

Bills for medicines as per Report:—

1842.	June.	T. M. Hunt, .	$14 80
...	...	R. Steel, . .	7 57
...	..	R. Muir, . .	1 30
...	July.	R. & M. Watson (alcohol),	7 50
...	...	B. Fosgate, .	10 49
...	Augt.	S. Scars, .	1 50
...	...	C. Reed, . .	11 38
...	Sept.	R. Gridley, .	41 07
...	...	T. M. Hunt, .	49 90
...	...	R. Steel, . .	55 70
...	Oct.	O. Reed, . .	1 50
...	...	J. Gridley, .	5 50
...	...	B. Fosgate, .	10 31
...	...	T. M. Hunt, .	19 18
...	...	R. Steel, . .	31 63
...	...	R. & M. Watson (alcohol),	14 00

Medicines in all for five months, $283 53 : $56 68 per month; $680 16* per annum.

All of which is respectfully submitted by your humble Servant, E. Humphreys, late Physician to the Auburn State Prison.

Carjugu Tocsin. [*Homœop. Examiner*, March 1843.]

PATHOGENETIC FRAGMENTS.†

Nux Vomica.—Its action upon the pupil.

A man, aged 48, was admitted into the Clinique of the University of Pisa, for a paralytic affection of the right superior extremity, the consequence of a suddenly suppressed ottorhœa; he was treated with nux vomica, which produced a marked contraction of the pupils. But, in order to judge decidedly of the comparative effects of belladonna and

* The value of a dollar is about 4s. 3d.—the value of a cent about a halfpenny.

† [This division of the Journal is intended to embrace all observations on the effects of substances in causing morbid phenomena, and we shall rely on our correspondents forwarding us any facts, supplied either by experience or reading, which tend to advance our knowledge of poisonous agents.—Eds.]

nux vomica, Professor Puccenoti caused to be applied to the eyebrows of the patient an ointment of belladonna over the right one, and an ointment of strychnia over the left one. Two hours afterwards, it was observed that the right pupil was widely dilated, the left one strongly contracted.—*Annuaire de Therapeutique*, 1843, *p.* 56.

POISONING WITH BELLADONNA.—By JOS. ROSENBERGER, SURGEON IN GRIESKIRCHEN.

Case 1*st*. On the 25th of August 1826, Peter Silbermager, aged 5, died suddenly, and the report spread that it was from having eaten the berries of the belladonna.

It would seem that on Sunday afternoon Silbermager had found some berries on a bush of belladonna, and had eaten of them. On returning home he felt very unwell, was very restless during the night, vomited frequently, and died in convulsions about 7 o'clock the following day. The dissection afforded the following appearances. The body was covered with ecchymosis (todten fleke); the eyes were half opened, and had a peculiar dazzling glare; the pupils were much expanded; the mouth spasmodically closed, and the anus relaxed; the cerebral vessels turgid with blood; the sinuses full of dark blood; the choroid plexus (adergeflechte) very red and turgid; the vessels of the membranes of the brain likewise turgid. The substance of the cerebrum soft, with many points of blood on its section; the same appearance was observed in the cerebellum and medulla oblongata. There were numerous red spots on the pharynx and œsophagus. Some fluid, and three half-opened berries of belladonna were found in the stomach: nothing unusual was found in the intestines.

Case 2*d*. A. Hartlmager, a day-labourer, fatigued with toil in a forest, and very thirsty, sought to quench his thirst by eating largely of some tempting sweet berries which grew upon a bush of belladonna. Soon after having eaten, he felt as if drunken, and his throat was parched. His sense of illness increased, and he staggered homewards. When he reached his home, his wife, thinking him drunk, put him to bed; but a beggar who was passing put her on her guard, and told her to send for a priest and doctor without losing a moment.

On arriving about seven in the evening, 12 hours after the accident, Dr Rosenberger found the patient raging franticly, and requiring three strong men to hold him. His countenance was purple; his eyes, starting from the head, were injected with crimson blood; the pupils dilated, and the arterial pulsations on the head and neck were visible. He could not swallow; the pulse was full, hard, and very quick, about 120 beats in the minute.

He was bled, and his head bathed in vinegar and water, and he got an emetic, by which the poison was removed, and he gradually recovered. —*Oester Med. Wochenschrift*, 1843. *Mai* 20. *No.* 21, p. 505.

PLATE I

Fig. 1

Fig. 2

Fig. 3.

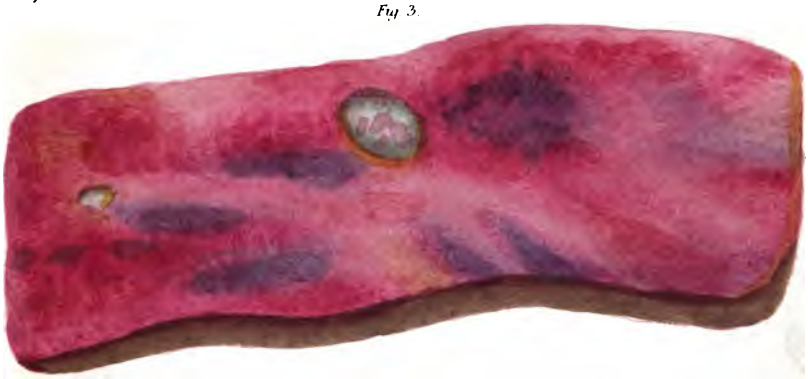
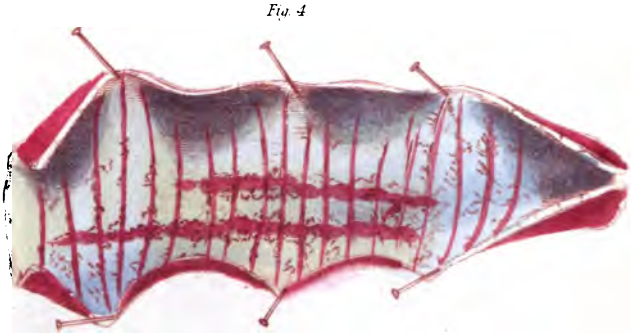


Fig. 4



These plates belong to the Appendix, Article: Kali bichromicum

PLATE II

Fig. 5.

Fig. 6.

Fig. 7

Fig. 8.

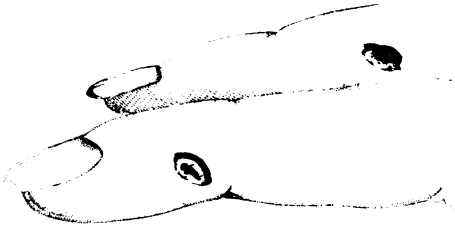


Fig. 9

Fig. 10

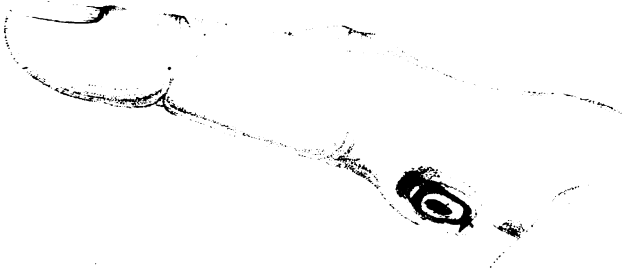


Fig. 11

THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

ON THE VALUE OF THE SPECULATIVE SYSTEMS OF MEDICINE, ESPECIALLY AS VIEWED IN CONNECTION WITH THE USUAL METHODS OF PRACTICE WITH WHICH THEY HAVE BEEN ASSOCIATED.

By SAMUEL HAHNEMANN, 1808.

ALTHOUGH it has ever been man's endeavour to discover and explain the connection of the various constituents of the living body, and the manner of their reaction upon each other, and upon external forces; to tell how they give rise to those living instruments (organs) which are requisite to the production of life; and how, out of the necessary organs, a self-contained whole—a living healthful individual—is formed and upheld; it has been found impossible to explain these, either on the principles of mechanics, or physics, or chemistry, or the laws of liquid and solid bodies in the inorganic world; or by gravitation or friction, or by impulse, or *vis inertiæ*, or by the laws of the attraction and coherence of several similar bodies at many points touching each other, or the repulsion of dissimilar; nor has it been explained by the forms of the individual elemental substances which compose man's body, according as these might be described as flat, or pointed, or spherical, or spiral, or capillary, or as rough or smooth, angular or hooked; or by the laws of elasticity, of the contractive and expansive power of inorganic substances; or of the diffusion of light and production of heat, or of magnetic, electric, or galvanic phenomena, or by the mutual relation of sub-

stances containing oxygen, hydrogen, carbon, or azote; or of the acids, earths, or metals; or of gelatin, albumen, starch, lime, or sugar.

But though all the component parts of the human frame are to be found in other parts of nature, they act together in their organic union, to the full development of life, and the discharge of the other functions of man, in so peculiar and anomalous a manner (one which can only be defined by the term *vitality*), that this peculiar relation of the parts to one another and the external world, cannot be judged of or explained by any other rule than that which itself supplies; therefore, by none of the known laws of mechanics, statics, or chemistry. All these theories, to which age after age has given birth, when brought in contact with simple experience, and tried by an impartial test, have ever been found to be artificial and unreal.

Yet, in spite of the uniform disappointment of these innumerable attempts, the physiologists and pathologists would still return to the old leaven; not because they saw any likelihood of these hypotheses leading to useful discoveries in the art of healing, but *because they placed the essence of the medical art, and their own chief pride, in explaining much even of the inexplicable.* They imagined it impossible scientifically to treat the abnormal state of the human body (diseases), without possessing a *tangible* idea of the fundamental laws of the normal and abnormal conditions of the human frame.

This was the first and great delusion they practised on themselves and on the world. This was the unhappy conceit which, from Galen's days down to our own, made the medical art a stage for the display of the most fantastic, often most self-contradictory, hypotheses, explanations, demonstrations, conjectures, dogmas, and systems, whose evil consequences are not to be overlooked. Even the student was taught to think he was master of the art of discovering and removing disease, when he had stuffed his head with these baseless hypotheses, which seemed made for the express purpose of distracting his brains, and leading him as far as possible away from a true conception of disease and its cure.

From time to time, it is true, an accumulation of facts, often of a nature to arrest the least attentive observer, forced on men

the conviction that that doctrine of the restoration and preservation of health in the human body (physiology), and of the inward changes consequent on the generation of disease (pathology) which deduces them from atomical and chemical principles, is an erroneous one; but in avoiding this error, still misled by the vain fancy *that the science of medicine was essentially an all-explaining one*, they fell into the opposite, but not less dangerous evil of superstition.

At one time, men would make for themselves an imaginary incorporeal something, which guided and ruled the whole system in its vicissitudes of health and disease (Van Helmont's *Archæus*, Stahl's *Animal Soul*); at another, they could flatter themselves they had discovered the secret of physical constitutions and temperaments, as well as of the origin of particular diseases and epidemics, in the constellations of the stars, in an influence emanating from the heavenly bodies, many millions of miles distant;—or (according to the modern wide-spread notion, based on ancient absurdities), the human body, in agreement with the primeval mystic Trinity, developed itself in triplicity, presented a miniature of the universe (microcosm-macrocosm); and thus, by means of our knowledge of the great whole, miserably defective as it is, was to be explained, to a hair's-breadth. That which had baffled clear chemistry and physics, dim, self-unintelligible mysticism and frenzied fancy were to bring to light: where young natural philosophy had failed, old astrology was to succeed.

Thus did the leaders of the medical sects and their followers, whenever they sought to analyze health and disease, and its cure, deviate more or less widely from the truth; and the only use of piles of folios, quartos, and octavos, which cost a lamentable expenditure of time and energy, is to frighten us from indulging in a like explanation-mania, and teach us that all such immense exertions are nothing but pernicious folly.

But if these physiological refinements and pathological would-be-explanations, as regards their proper object, the cure of disease, are rather prejudicial than helpful, as no unprejudiced person will deny, of what possible use are they?

"Surely the physician," I fancy I hear one exclaim, "re-

quires a theory at once for a clue, a thread on which to string his ideas and systematic practice, and a line to direct when the time for action comes. Every artist, who is not a mere mechanic, must desire to have some connection of ideas as he works, concerning the character of the object on which he is to labour, and the nature of the condition into which he is to mould it."

True, I reply; but this clue must neither be a flimsy cobweb nor a false compass: for then it were worse than none.

The materials of the mechanical workman, indeed, have physical properties, and can only be fitly and fully employed by one who is well acquainted with these properties.

But it is quite otherwise with the management of objects whose nature consists in vital operations—the management, namely, of the living human frame, to bring it from an unhealthy to a healthy condition (which is therapeutics), and the discipline of the human mind, to develope and exalt it (which is education). In both cases, the matter on which we work is not to be regarded and treated according to physical laws, like the metal of the metallurgist, the wood of the turner, or the colours of the dyer.

It is impossible, therefore, that either physician or teacher, when caring for mind or body, should require such foreknowledge of his subject-matter as shall lead him by the hand, as it were, to the completion of his work, as, perhaps, a knowledge of the physical properties of the materials helps and conducts the metallurgist, the turner, and such other craftsmen, to the close of theirs. The vocation of those others demands quite another kind of knowledge, just as their object, a living individual, is quite different.

Nor are they at all more assisted by metaphysical, mystical, and supernatural imaginations, which idle and self-sufficient visionaries have devised on the inner absolute character of the animal organization; on life, irritability, sensibility, and reproduction, and on the essential nature of the mind.

Which, indeed, of the ontological systems of the indiscoverable nature of the human soul promises to afford any aid to the teacher in the execution of his noble office? He might well lose himself in the interminable labyrinth of abstract spe-

culations on the *ego* and the *non-ego*, on the essences of the soul, and which extravagant self-conceit has in all ages wrung from the racked brains of hosts of sophists; but no advantage that will reward the pains will he draw from these sense-transcending subtleties. It has not been given to mortal man to reason *à priori* on the nature of his own soul.

The wise teacher is aware of this; he spares himself this fruitless trouble, and, in aiming at as wide an acquaintance as possible with his subject-matter, confines himself to the *à posteriori*, to *that which the mind's own acts have revealed to itself*, to *empirical psychology*. More on this subject in this stage of being he cannot, more he need not, know.

Just so is it with the physician. That which binds in so wonderful an organization the (to my view originally chemical) constituents of the human frame in life—which causes them, in spite of these their original nature, to act in quite an unmechanical and unchemical manner—which excites and empowers them, when thus combined, to such automic evolutions (which do not obey any of the known laws of mechanics, and differ from every chemical process, and all physical phenomena); this root-force does not reveal itself as a separable entity; it can only be dimly surmised from afar, and is for ever concealed from all inquiry and observation.

No man is acquainted with the substratum of vitality, or the *à priori* hidden regulation of the living organization—no mortal can ever dive into it, nor can human speech, either in prose or verse, even faintly shadow it forth: the attempt ends in fiction and sheer nonsense.

Throughout the course of the two thousand years in which men have prided themselves in the cultivation of philosophy and medicine, no single step, not the smallest, has been made towards an *à priori* knowledge of the vital principle of the bodily frame, nor of the intellectual energy (the soul) which actuates it. All that inflated bombast, passing for demonstration, abounding in words but void of sense—all the antics and curvets of the sophists, about indiscoverable things, are ever vain, and to the modest spirit of the true philosopher perfectly insufferable.

We cannot even conceive a path that should lead us to such knowledge.

No, not a glimpse shall frail mortality ever obtain of that which lies deep hidden in the sacred recesses of the Divine Creating Mind, far, immeasurably far, beyond the grasp of human comprehension!

All, therefore, that the physician can know regarding his subject-matter, vital organization, and all that it concerns him to know, is summed up in that which the wisest among us, such as Haller, Blumenbach, Wrisberg, comprehended and taught under the term physiology, and which we might designate empirical knowledge of vitality; *what the phenomena are which occur in the human body, and what their connection is;* the inscrutible *how they occur*, remaining entirely excluded.

I pass on to *pathology*, a science in which that same love of system which has crazed the brains of the physiologist, has caused a like misapplication of intellect in the attempt to search into the absolute nature of diseases, that whereby affections of the system become manifest diseases. This they term the doctrine *of proximate causes.*

No mortal can form a clear conception of what is here aimed at, to say nothing of the impossibility of any created intelligence, even in imagination, finding a road to an intimate view of what constitutes the essence of disease. And yet hosts of sophists, with important looks, would play the seer's part in the matter.

After, amidst the interludes of many lesser or greater systems (the iatro-mechanical school, that which derives disease from the original form of the parts, that from spasms and paralysis, the pathology of the solids and nerves, the iatro-chemical school, &c.), humeral pathology (that conceit, which took especially with the vulgar, of considering the diseased body as a vessel full of impurities of all sorts, and of acridities with Greek epithets, which were supposed to cause the obstruction and vitiation of the fluids and solids, putrefaction, fever, everything, in short, whereof the patient complained, and which they found they could overcome by sweetening, diluting, purifying, loosening, thickening, cooling, and eva-

cuating measures), had, now under a gross, now under a more refined form, lasted through many ages, appeared the seer (Brown), who, as though he had explored the pent secrets of Nature, stepped forward with amazing assurance, assumed one primary principle of life (irritability), and would have it to be quantitatively increased and diminished, exhausted and supplied, made no account of any other source of disease; and persisted in considering all disease, from the point of view, of want or excess of energy. He gained the adherence of the whole German medical world, a sure proof that their previous medical notions had never convinced and satisfied their minds, and had only floated before them in dim and flickering forms. They caught eagerly at this one-sidedness, which they persuaded themselves into believing was genuine simplicity. All the other vital forms which were supposable enough (though, at the same time, little serviceable to a true view and cure), they gladly cast aside, out of love to his subtle doctrine, and found it highly convenient to be pretty nearly exempted from all further thought on disease or its cure. All they had now to do, was to determine the degree of inflammation in the case in hand, according to the scale of their master, and with a little help from the imagination, in order, by sedative or exciting measures—for all remedies, according to his new classification, were at once divided thus—to screw up or let down the degree of irritation assumed in each case. And what was after all, this his darling irritation? Could he attach any definite and intelligible idea to it? Would he not have overwhelmed us with a flood of words destitute of any clear meaning? Would he not draw us into a treatment of disease, which, while it answers in but few instances, and then imperfectly, could not but in the preponderating remainder give rise to an aggravation or speedy death?

The transcendental school repudiated the idea of having but one original vital force. Now begins the reign of dualism. Now we are to be fooled by the natural philosophers. For of such seers there was no lack; each fell on a new aspect of things—each wove a different system, having nothing in common but the morbid propensity, not only by inward self-contemplation to give an exact *à priori* account of the nature and

universal constitution of things; but, moreover, to look on themselves as the authors of the whole, and, according to their own fashion, to construct it for and out of themselves. Every hint they deemed themselves to have gathered on life in the abstract, and the life of man was—as was their whole conception—so unintelligible, so *ventriloquistic* [hollow and unmeaning], that no clear meaning can be drawn from it. Human speech, which is only fitted to convey the impressions of sense, and the ideas immediately flowing from them, or generalizations, each one of which is easily insulated into concrete examples, and thus brought home and typified to the sense, refused to embody their conceits, their extravagant fantastic visions; and, therefore, they had to babble them forth in new-fangled, high-sounding words, *superlunary* collocations, and eccentric rhapsodies, unheard-of phrases, and got involved in such gossamer subtleties, that one felt at a loss to know which was the most appropriate—a satire on such a misdirection of mental energy, or an elegy on its ill success. We have to thank the natural philosophers for the disorder and dislocation of many a young doctor's understanding. Moreover, their self-conceit was yet too much inflated for them to bring forward many views on disease or its cure, except what they now and then put forth on their dualism, their polarization, and representation, their reflections, their differentials and non-differentials, their potentials and non-potentials. This natural philosophy still lives and flourishes in a forced animation of matter, and in ecstatic hallucinations concerning the modelling and ordering of the world, and its epitome—man. Incorporeal and ethereal, it still soars aloft beyond our solar system, beyond the bounds of the actual; and does not seem likely yet a while to descend from its super-sublime elevation to the lowly sphere of practice (care for the health of man), nor indeed—so far has it overstrained its power—to be able to do so.

But lately there has shot out a branch from this tree, apparently inclining more towards a practical side of the art. This new doctrine, to give us an insight into the nature of disease, bethought itself of serving up afresh the old *functiones animales, naturales, vitales,* though under new names. But what imaginable expedient have they for ascertaining the exact de-

gree in which the sensibility, irritability, or reproductiveness, by themselves arbitrarily dealt out to each of the organs, are, in individual cases, increased, diminished, or changed, in quality—to which of these, preferably to the rest (for there is scarcely an organ in the human frame which may have its place peremptorily assigned it in this threefold division); and what is the part played by such organ with reference to these three great divisions in the assumed case, and what intimate and absolute condition of the whole system, whence it may be clearly seen what is the appropriate, and in every respect suitable, remedy? What an unsolvable problem! And yet its solution is indispensable to the curer, if he is to make any use of the system.* And—lest we should, after all, be only quibbling about words—what do these three words, sensibility, irritability, and reproduction, precisely stand for, in concrete ideas?

How impossible is it by all these barren *à prioris* to obtain such a just view of the different maladies as shall point out the remedy suited to each—the sole genuine aim of the healing art? How can one justify to a sound judgment the seeking to make these speculative subtleties, which can never be made concrete and applicable, the chief study of the practical physician?

It is one of the regulations that most clearly mark the wisdom of the all-consistent, all-merciful Creator, that what would be useless to man has been rendered impossible to him.

The teacher is well aware, that as he is shut out from an ontological acquaintance with the absolute nature of the soul (since it would profit him nothing), except empirical psychology, he needs to know nothing but the practical aberrations of the human mind, and the methods whereby to lead each misguided wanderer back to the paths of virtue—to carry his noble work to its highest perfection.

Socrates, the educator of men, with his practical knowledge

* If, indeed, this laying down of three prime organic functions, means nothing more than a proximate view, on which nothing is intended to be built, and least of all, medical practice, in this case, I can find no fault with this primeval scheme, which simply, *as a view*, is rational enough, though of no practical utility.

of mankind, his delicate moral sense, and fine perception of what makes the true happiness of man, needed but a matter-of-fact knowledge of the faults of those with whom he had to do, in order, by the application of the fittest arguments, and his own better example, to allure them back to virtue. He was informed of Aristodemus that he slighted the Deity; he gathered from some of his expressions the symptoms of this perversion of mind, and the particular prejudices that held him back from religious feeling; and this sufficed him to teach him better, and with harmless guile to build up, from his own confessions, the arguments that were to shut him up to reverence for the Deity. Assuredly he needed not to institute any researches on the essence of the human mind, or the metaphysical nature of this or that delinquency of heart to attain the godlike aim.

And, in like manner, except a matter-of-fact acquaintance with the constitution of the human frame in a healthy state, the physician needs but in the same way to know the symptoms of the particular malady (further, indeed, he cannot explore, as it would serve him nothing), *in order to remove it, supposing he then can choose the right remedy.*

Or, after all, is this all a mistake, and the design and dignity of the medical art lies rather in vapoury theorizing, than in skill in curing diseases? Then, indeed, those word mongers, who neither do nor cure, must bear away the palm!

Yet, if these speculations and systems concerning the radical nature of disease (supposing they possessed some, though it were the veriest shadow of probability) were of some, the best possible value to the physician, (and some value, methinks, that, after all, must surely possess, which has been the cause of so much ado), then we cannot but conclude that this race of system-framers and system-followers must, at any rate, form the better and more successful practitioners, since they are possessed of that which—to believe them—is the true and only solid basis of the art of medicine!

But lo! it is these very men who refute, by the sick-bed, their own bragging boast of being the confidants of Nature; it is these very men who are the most helpless, when they are not the most disastrous, practitioners.

Not a single originator or follower of any of the many medical systems would be allowed, (or if he would, as now and then, perhaps, he might,) would dare to carry out his system faithfully and vigorously into practice, for fear of doing the greatest injury to his patients; so that they would have been far better off wanting medical aid altogether. They were obliged, if they did not wish to see all die before them, either to betake themselves to the do-nothing (expectant) system; or, contrary to the professed tenets of their school, to return secretly to the least harmless expedients of earlier times, the revulsive, purgative, and palliative measures of Humouralism and Suburralism.

But we need not very particularly examine their method to perceive, that, at any rate, it did not take its rise in true philosophy, nor lift its aspirations to the lofty heights of harmony and reason.

One might have expected, that, in the cure of disorders which, in their own opinion, they had rightly read, defined *à priori*, and reduced to most simple principles, they would only have each time employed a single simple medicine (and watched its effect), a substance whose action was quite, *in extenso*, known to them, the best known, most appropriate, only applicable—according to the general rule binding on all: what may be effected by a simple remedy one should not seek to attain by means of compound: *quod est potest fieri per pauca*, &c.

But nothing was further from their thoughts. In the main thing, the *application* of the beautiful simple theory, in *practice* they kept faithfully to the old beaten track (though with the constant addition of the newest, most fashionable remedies), a plain proof that their system was framed for show—for a make-believe, and not for use.

In direct opposition to plain common sense, they attack disease by many-united medicines, none of which they are more than superficially acquainted with, and of these medicinal *pot pourris* they often give several together, and many in one day: "haud leve obstaculum penitiori virium in medicamentis cognitioni objicit, quod *rarissime simplicia, sed ut plurimum composita, nec hæc sola, sed aliorum usu interpolata usurpentur*."*

* Tr. Hoffman, Med. Rat., vol. iii.

Such a mode of proceeding, of itself, knocks all the pretensions to philosophical simplicity and consistency of these *a-priorists* (*à priori* men) on the head. No single physician on the face of the globe, neither the framer of the system nor his followers, uses a simple unmixed medicament, and then waits till its action is exhausted before giving another!

Even supposing the virtues of each single medicine were exactly known, this employment of the many-mixed, this pell-mell administration of several substances at once, each of which must have a different action, would in itself be highly absurd, and produce a blind and confused practice. For how complicated must the inter-action be of so many ingredients; how impossible to trace back the combined effect on the patient to them, each individually, in order, in the subsequent treatment, to omit or diminish the one and increase the other! But this will not do with these hotch-potch doses; they produce, thus united, such a resultant, that no one can tell what is owing to this or the other ingredient in the combined effect. No one can tell which ingredient vitiated the action in such and such a manner, or which altogether fell out with the other, and neutralized its effect.

But the case is worse still, and the proceeding more reprehensible, when we consider that the action of all, or, at any rate, the most of these substances thus huddled together, *is often great and yet unascertained.*

Now, to mix in a prescription a number of such strong disordering substances, whose separate action is often unknown, and only guessed and arbitrarily assumed, and then forthwith, at a venture, to administer this mixture, and many more besides, thick upon one another, without letting a single one do its work out upon the patient, whose complaint and abnormal state of body has only been viewed through illusive theories, and through the spectacles of manufactured systems—if this is medical art, if this is not hurtful irrationality, I do not know what we are to understand by an art, nor *what* is hurtful or irrational.

It is usual at this point, for want of anything else to say, to excuse one's self by saying, "the several ingredients in a pre-

scription are chosen with reference to the various aspects of the (hypothetically assumed) inward condition of the body, or, indeed, of the symptoms."

Just as if one single simple substance, if it were but rightly known, might not conform to all the aspects of the complaint, —as if all the numerous symptoms could be covered by a medley, whose ingredients, so untraceable in their action, in combination counteract, and in an unforeseen manner vitiate and neutralize, each other.

This motley—mixing system, is nothing but a convenient shift for one who, having but a slender acquaintance with the properties of a single substance, flatters himself, though he cannot find any one simple suitable remedy to remove the complaint, by his heaping a great many together, there shall be one amongst them, that, by a happy chance, shall hit the mark.

Whether this mode of treatment be successful, or the reverse, in neither case is anything to be learnt from it; nor can it cause the medical art to make a hair's-breadth of progress. Has there been a change for the better; to which of the ingredients of the medley, or the many successive medleys, treading on each other's heels, is it owing? This must ever remain a problem.

"All you have to do, in a similar case, is to repeat the same mixture, or succession of mixtures, in the same order."

Fond fool! The case exactly coinciding with that will never occur—*can never occur again.*

Moreover, it is always difficult to prepare mixtures a second time precisely the same as the first, and how much more so when a long interval intervenes. The same recipe often brings out a very dissimilar dose, when it is given to several apothecaries at the same time to make up. This results from many causes.

It is not likely, either, often to happen that the patient will take these mixtures, not unfrequently disgusting both to taste and smell, in the exact quantity and time prescribed. Are you quite sure that he has even tasted this or that nauseous dose, and that he has not substituted for it a less disagreeable domestic remedy, to which his improvement is due?

And now, on the contrary supposition, that he is no better for the medley dose, or even somewhat worse, which ingredient, among so many, is to be blamed for this result, that it may be omitted in the recipe on a future occasion?

"That is what no one can tell, so it is better never to repeat the dose."

I should regret much thus to throw away the gold with the dross. Why then did I not use by itself an ingredient, selected from the long hurtfully used prescription of my predecessor, because it was shown to be the only one suited to the case, and cure, as I might have done, the complaint?

How unwise is it, therefore, to prescribe such mixtures—uninviting often to the eye, the smell, and the taste—of drugs, not one of which is rightly known in itself, or in connection with the rest.

Am I told, "The properties of the medicines are not so unknown." I ask, Are the half-a-dozen words which the Materia Medica contains regarding each, to be called information, exact information? * Often it is nothing more than a list of names of diseases, in all of which the substance in question is said to have been useful (frequently a long list, so that the falsehood is manifest.†) Names of diseases, did I say? Heaven knows to what states of body these names were given, and what wisdom presided over the assigning of them!

And whence do these medical authorities draw their data? Is it not from an immediate revelation? In truth, one would be induced to believe they must have flowed to them from an immediate inspiration, for they cannot be derived from the practice of the physicians, who, it is well known, hold it be-

* How sincerely our Friedrich Hoffmann speaks on this subject:—

"Quomagis in artis exercitio utile est, veras et non fictas medicamentorum, pro tam diversa corporum et morborum ratione, vires intimius nosse, eo magis utique dolendum, immo mirandum est, quod, si dicere licet, quod res est, *perpauca sint remedia*, quorum virtutes et operationes certe ac recte perspectæ, sed plerseque spem atque expectationem curantis frustrentur, *quia versa pharmacorum* facultates in Democriti quasi putes adhuc latitent, pauca certe supersunt, quæ fidæ et expertæ virtutis, plurima vero infida, suspecta, fallacia, *ficta*."

† And how dangerous are such falsehoods! In nullo mendacio majus est periculum, quam in medico.—*Plin. Hist. Nat.* lib. 29, c. 1.

neath their dignity to prescribe one single medicament, and nothing more, and would let the patient die, and the medical art ever remain as no art, sooner than part with their learned prerogative of prescribing *artfully compounded receipts.*

As, therefore, the medical authorities, if I may speak out a little, cannot have obtained the greater part of their data as to the supposed virtues of the pure, simple medicinal substance from the experience* of learned physicians, since scarcely any-

* Certain it is, that the Materia Medica can and must be the daughter of experience, even if it has had to give way to capricious notions, ideal and dreamy hypotheses, and has had to allow itself to be moulded to-day, and on the morrow into a new form, exactly as the dominant medical system for the time being commands. The remedies employed by the ancients, as *alexipharmaca, cephalica, splenica, uterina,* had afterwards to undertake the office of antispasmodic and antinervous remedies. When the prevailing system assumed tension and laxity of the fibres as the foundation of disease, even the medicines which had hitherto performed a different part, were forced to be twisted into one of these two directions. But had the reigning system required blood-cleansing or acrid mollifying means, then the "quondam" *tonica,* or *sedentia,* or *diaphoretica,* or *ecoaprotica,* or *diuretica,* were quickly transformed into *mundificuntia, antiscorbutica, antiscrophulosa, antiphorica,* &c.

Then, when Brown needed for his system only exciting or calming remedies, these very remedies which, nevertheless, had been marshalled with much etiquette, are immediately enlisted in the two new regiments, and at will incorporated into one or the other; and when he more particularly required diffusive and permanent remedies, unfettered fancy was not long at a loss—medicines were speedily concocted of one or the other title, just as if one had but to utter the fiat, and the substances could not choose but obey the commands of the exalted man, at his pleasure to enter on one or the other function. As if the primary action of *cinchona* would spread more slowly through the system, or its secondary action last much longer than that of the equally little understood opium. As matters till then had stood, the system-maker had only to dictate which new part this or the other medicine had to assume; and, see, it must suffer itself to be so employed, until for the behoof of a new system, it is christened anew, and is as peremptorily required to discharge another office.

"But if you refer the action of the medicines to their chemical bases, as the very newest system does," I hear some one reply, "then, assuredly, you will act conformably to nature." In this way some medicines are (as arbitrarily as before) reckoned carbonaceous and others hydrogeneous, and to each of these summarily-divided classes peculiar (fictitious) modes of action despotically assigned. But cole-wort, roast-

thing of the kind is to be obtained from them, whence do they get it?

Most of the supposed virtues of the simple drugs have, in the first place, obtained a footing in domestic practice, and been brought into vogue by the vulgar and non-professional, who often cannot judge of the genuineness of the medicine; often do not give them the right names; least of all, can correctly determine the state of body to which they are supposed to have been useful. I say "supposed;" for even with them, if needs be, now this, now that, family recipe, has been outwardly or inwardly applied; so that, at last, it is impossible to say what has really been beneficial, granting the complaint itself has been perfectly recognised; which, however, by such examiners, it never is.

Barren information of this sort was collected by the old herbalists, Matthioli, Tabernämontan, Gesner, Fuchs, Lonicer, Ray, Tournefort, Bock, Lobel, Thurneisser, Clusius, Bauhin, &c., very briefly, superficially, and confusedly, and interwoven with baseless and superstitious conjectures, intermingled with that which the unciting Dioscorides had in a similar manner collected; and from this unsifted catalogue was our learned-looking *Materia Medica* supplied. One authority copied another, down to our own times. Here we have its origin (and even *it* is not very authentic.)

The few books that form an exception to this (Bergius and Cullen), are so much the more meagre in data respecting the properties of the medicine, consequently, as they for the most part, the latter especially, reject the vague and doubtful, you can gain little *positive* knowledge from them.

One only among thousands, Murray, gives the cases in which the medicines were used. But in this point the authorities generally clash with one another; one affirming one thing, and another another, and so the decision still remains frequently quite doubtful. In many cases the duration of the action is

beef, and wheaten cakes, contain also plenty of carbon and hydrogen—where, then, do we discover in them those properties which were so liberally allotted them."

What is to become of an art (to which the charge of human life has been committed), *if fancy and caprice are to have the upper hand in it?*

added. Oh, that it had generally been so! But often the medicine was not employed alone, but in combination with several others, so that we are once more plunged into darkness.

The authorities cited even here leave the reader often in doubt as to the nature and exact constitution of the disease to which they applied the remedy.

How little the greater number of these observers are to be relied on, is evident, were it only from this, that they commonly assert that "the remedy in their hands had never been detrimental, never done the least harm, even when it had done no good;" for every powerful medicine must invariably do injury when it fails to do good; a proposition which does not admit of a *single* exception. Behold again, then, manifest untruth!

But what is the anxious reader to learn even from this sole practical and best of all *materia medicas?* Certainly nothing positive! Nothing positive concerning the only implements of healing! Righteous heaven!

Consider how uncertain must be the use of drugs so extremely imperfectly known, against diseases which are as diverse as the clouds of heaven, whose recognition, even by the best of methods, is tedious, and whose name is legion!

Nay, more. Consider how extremely precarious, I might say, blind, that practice must be, where states of disease, *misviewed* through the coloured medium of ideal systems, have been attacked by means of many such almost unknown medicines, heaped together in such a medley, or many such! On this I let the curtain drop.

Thus we find, spite of the through two thousand years' nigh-uninterrupted revolutions of the physiological, pathological, and therapeutic theories, and after the mechanical, atomical, chemical, ideal, pneumatical, and mystical theories, and during this infancy of knowledge as to the real properties of simple medicines, we still find that only a *very small* proportion of human ailments can in such a manner be removed as shall leave the physician the merit of having been the undoubted author of the cure. Either the remaining maladies remained as uncured as before the days of Galen, or, thanks to medical practice, in

the room of the original ones there have arisen new distempers of a different aspect: or the energy of the still vigorous life, backed usually by the secret *disuse of the drugs*, itself got the better, in the course of time, of the disease that oppressed it; or single symptoms, hitherto stubborn, yielded to some lucky accident, wherein no one could trace the connection of cause and effect; or else the unfailing termination of all earthly woes interposed for their relief.

Such is the fearful but too true condition of the medical art hitherto, which, under the treacherous promise of recovery and health, has been gnawing at the life of so many of the inhabitants of earth.

Oh, that it were mine to lead the better portion of the medical world, who can feel for the sufferings of our brethren of mankind, and long to know how they may relieve them; oh, that I might indeed direct them to those purer principles which may realize for them the desire of their hearts!

Infamy be the award of history to him who, by deceit and fiction, can maim this art of ours, which is intended to succour the wretched!

All-compensating, divine self-approval, and an unfading wreath to him who helps to make our art one of blessing to mankind!

ON THE STUDY OF THE HOMŒOPATHIC MATERIA MEDICA.

By Constantine Hering.*

The ordinary mode of acquiring a knowledge of remedial agents, namely, merely by experience during practice, cannot be termed studying the medicines, and no directions are required for it. Much time and labour may be expended upon it, without ever attaining a complete command of the medicinal agents; and many a Homœopathic practitioner will find himself in the situation of one working in a tread-mill, and setting machinery in motion, without himself moving from the

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* From the author's work, entitled "*Wirkungen des Schlangengiftes.* Allentown und Leipzig, bei C. Kummer, 1837."

spot. He who trusts solely to the experience and observations of others, and thinks, by means of published collections of cases, to attain to accuracy, as well in the selecting of medicines in individual cases, as in his general views of medicinal agents, such a one constantly remains in a state of dependence, moving merely in the narrow circle which others have chalked out. In another country, amidst other customs, and at other times, when a different character of disease is present, indeed, during the prevalence of individual epidemic diseases, he stands helpless and bewildered, his pockets full of paper-money, not current there, his hands destitute of any available coin. He who relies on his own experience for a knowledge of medicines, can only attain a very limited one; imperfect as regards individual remedial agents; if, perchance, one or other property appeared peculiarly prominent, then the others would be but seldom or never attended to; as, for example, in the case of *aconite*, which, certainly, is frequently of use in inflammations, but much oftener in cases where no inflammation exists; or *belladonna*, which is frequently employed where it does not answer at all, and where *hyosc.*, *arsen.*, *bryon.*, or some other remedy, should have been used; imperfect, in fine, as regards our whole materia medica, as by this method the knowledge of it cannot but be always very deficient, a small number of favourite remedies only will be retained, merely such ones as are known, or thought to be known, to possess some general determinate properties, which render their selection easy. In the greater number of cases that come under daily observation, these favourite remedies will very frequently be given where they are not of the slightest use; a number of remedies will be employed for merely single symptoms, a large number will never be prescribed at all. In cases of a more serious, rarer description, where the most careful research is employed, it is often all in vain; for, sometimes many remedies seem to be equally indicated, so that it is difficult to make a selection from among them; at other times, no single remedy seems applicable.

The more intimate our acquaintance with the medicines, the more seldom will such cases occur, and the nearer is the physician to the attainment of complete mastery of his subject.

Tyroes, who have merely glanced at the remedies, imagine that it is not possible to become acquainted with a single remedy having such a vast number of symptoms, just as a country clown on coming to town, is at a loss to conceive how the people know which way to go among such a number of houses; and yet in the course of time, he himself finds no difficulty in doing this. Let us observe how this happens,—it may help us a little in studying the materia medica. It is well known, that a person who has been in many large towns, can much sooner find his way than other strangers who have not, and this without there being much resemblance between the towns. He must unconsciously have invented some method, by which he becomes quickly at home in every new town. In like manner, many Homœopathists have unconsciously adopted a method of studying the materia medica. Our present object is to make this method known.

Learning the materia medica "off by heart," would be a highly absurd plan, and not only impossible on account of the extent of the undertaking, but, even if possible, utterly useless. In order to acquire a foreign language, what good would it do to learn the dictionary from beginning to end?

One who could repeat the list of symptoms of a remedy in their regular order, would not thereby possess a knowledge of the combination of symptoms, and this it is which we stand in need of. In practice, we never make use of the whole range of symptoms, but always only of particular combinations of a small portion of them. To the general symptoms of every form of disease, corresponding ones may be found in a large number of remedies; and every remedy contains the indications of a vast variety of diseases.

That every medicine has its peculiar characteristic traits, which must occur in each of the above mentioned groups, is a fact about which there cannot be the least doubt, but which only shews from afar the goal, which we may reach by a careful study of the materia medica. Hitherto, only a few fragments of such characteristic traits have been discovered. Any one may soon learn these by heart; but this can never be called studying the medicines. Properly speaking, the study of the medicines is rather the road to fresh discoveries of such

traits, which, during practice, are continually presenting themselves to us; and, at the same time, it will shew the fallacy of many well-known dicta proceeding from some, who, through the indolence of others, have attained the reputation of great authorities.

The Homœopathic physician who knows little more than the characteristics of a few polychrest medicines, with the addition, perhaps, of a few other scraps of knowledge, which he himself has picked up,—one-legged stools, on which we may turn ourselves hither and thither, but which fall to the ground, if not sat on by one with two legs—the Homœopathic physician, who knows no more than this, is like a bad chess-player, who only knows one or two methods of giving check-mate, which he has learned from studying the fag-ends of games, played by celebrated players, together with a few other modes he has himself discovered. The master of the game commands all the pieces in every situation, he shews his skill even when check-mated, and, properly speaking, he never loses.

Although the physician, at the bedside of the patient, have ever so carefully compared a medicine with the case before him, yet this can tend but little to advance his knowledge of it; and cannot be termed a study of the medicine, as it is only viewed in connection with the case thus before him. To study a remedial agent, is to observe attentively its symptoms and curative powers, without any reference to particular cases or particular diseases, to consider all its effects as connected with one another, all its individual symptoms, as separate parts of a whole. The many changes produced in the sensations by its action, which have been separately observed, and collected together, are to be regarded as symptoms of one and the same artificial disease, as belonging to *one* morbid picture.

The proper mode of studying the whole materia medica, consists in making one's self completely master of a few medicines, and afterwards of those most nearly connected with them; and so on, always comparing the new ones with those first studied. On this account, I call this the diagnostic method. After one or more families of nearly related substances have thus been worked out, the others follow much more

easily. After pursuing the study in this manner, with unremitting diligence for several years, any new medicine may be afterwards made available after only one perusal; by carefully reading it over only once, so much remains impressed on the memory by the unconsciously acquired habit of comparison, that, in a case of disease in which it is indicated, it is easily recalled to mind. He who can do this, will not complain of the number of imperfectly proved medicines, of the fewness of their recorded symptoms, while, at the same time, he finds fault with the large number of symptoms presented by other medicines; be the symptoms as numerous as they may, he can make himself master of them; be they ever so small in number, he understands how to avail himself of them. He who has not the requisite foundation, finds all additions to the materia medica a disagreeable burden; he shews, by his discontent, that he has not yet made himself master of the old matter. Methinks, most of those who complain of our materia medica, are either totally ignorant of, or have but a scanty acquaintance with, our medicines.

Before we proceed to give particular directions, we shall, 1*st*, endeavour to defend the method we have proposed; 2*d*, we shall shew how a single medicine is to be studied; and, 3*d*, how the others are to be connected to this one.

1.—The assertion that one remedy must first be perfectly known, and that then the rest will be acquired with less difficulty, and still more easily the farther we advance, is founded on the principles and practice of mnemonics. This diagnostic method, indeed, appears to me to be the only practical plan of studying the materia medica, or, at any rate, the shortest and most direct way of attaining the end proposed. There are certainly two other possible methods; one is, to learn what are called the principal symptoms of each medicine; the other, to study each substance by itself, and thus all of them unconnectedly. A fourth and last method would be, not to study the materia medica at all. *(Exempla sunt odiosa!)*

To learn off the so-called principal symptoms, *e. g.* to extract from an epitome like Jahr's Manual, the most prominently marked sentences, and to get these off by heart, is

the shortest way to practice, but, at the same time, the surest way to permanent mediocrity. Let him who is forced to make a trade of his profession, adopt this method, it will bring him soonest into the centre of the woods; but let him not forget to secure at the same time a permanent possession. If not, he will resemble the Squatters in the far west, who establish themselves without troubling their heads about their right to the soil; and when turned off by him who buys the land, they remove to a distance, out of one wretched wooden hut into another, barely supporting existence by the scanty profits arising from ill cultivated ground, and the uncertainties of the chase; this superficial, unmeaning sort of life, has charms for them, and their labours, together with those of the destructive wood-louse, lighten the task of the future settler.

Those which we at present term the principal symptoms of the medicines, are, for the most part, unsatisfactory, nay, prove an obstacle in the way of accurate individualisation, and lead to carelessness. It is much more convenient to administer to patients a dozen of homœopathic remedies according to this principle, than any plan of the old school; and one may, by such practice, be pretty sure, that by the end of the year a number of patients will have recovered. These principal symptoms are, moreover, in many instances incomplete, and in many others perfectly false; and can only be known with certainty, and have their due value assigned them, by a careful study of the various medicines, having especial regard to their relations one with another. A mere acquaintance with these principal symptoms cannot be called studying the remedies; if we were in possession of a scientific arrangement of the materia medica, we might make it the basis of our study of the medicines; but at present we cannot expect to construct any thing satisfactory on such an uncertain and incomplete basis.

He who seeks to study the medicines according to their symptoms, but each medicine separately, and without instituting a comparison between them, will, with the very best memory, not advance far before forgetting what he had previously learned. The memory is incapable of retaining any thing but what is presented to it in connection with some-

thing else; an idea is easily brought to the recollection, only when in connection with others.

We would remind him who has had no experience of the comparative method, either on himself or others, that acquiring a knowledge of the symptoms of medicines, is exactly similar to the mode in which the chemist, the mineralogist, the botanist, and the zoologist, acquire a knowledge of the objects connected with their respective sciences. We should, therefore set about it in a similar manner. Let it be considered what a multitude of signs are so perfectly at the command of the zoologist, that he can easily recal them to his recollection. Although no one is capable of giving a complete description of all animals, a repetition of all their characteristics "off the book," as the saying is, yet the zoologist can at once tell a new animal when he sees it; can instantly determine to what class it belongs, and point out its particular characteristics. By merely looking at each animal, he already knows its characteristic peculiarities, or at least has no difficulty in discovering them. The homœopathic physician must do just the same with his medicines. Let it not be alleged that zoology and the other branches of natural science are things quite different from our science. It must be regarded and dealt with in exactly the same manner as the natural sciences. Let it not be said that those sciences are so far advanced, and the system so perfect, that every thing connected with them is much easier: suppose that our materia medica were at present as little advanced as a natural science—as zoology in the time of Aristotle—this should not deter us from regarding it as such, working it out as such, and studying it as such; by this means we should make as much progress in it as was then made in zoology; and that is a good deal, in comparison with knowing nothing at all, or wandering in benighted ignorance amidst a profusion of every thing.

I refer to those who possess a real knowledge of our materia medica, if that has not been obtained in the way I have just pointed out: and I doubt not that some now see that they have unconsciously obtained their knowledge in the same manner. There can only be one right way; but this may

have been pursued without the individual being exactly aware of it himself, as has happened to proficients in many of the arts.

When one remedy has been accurately studied, and the art of classing others along with it according to their resemblance, and of distinguishing the differences between them, acquired, each subsequent group which is studied in a similar manner costs far less trouble; so that he who has thus made himself master of a hundred medicines, will require for the second hundred scarcely so much time and labour as he expended on the first ten. An increase of the medicines, therefore, *ad infinitum*, will never prove too much for human capabilities. Entomologists can easily acquire a knowledge of a number of new insects; it needs small trouble on the part of the botanist to learn an endless succession of new plants. This they do by a speedy conception of the resemblances and differences among them; and the more practice they have, the easier it is.

It may be urged that no such laborious mode need be adopted in the acquirement of one of the natural sciences, but that the general characters of the various classes are soon learned. In the present state of the natural sciences, all the relationship existing among the various classes and orders may be seen at a glance, and the study of them thereby greatly simplified: but, as we have not brought our materia medica to such a pitch of perfection—and from the short time of its existence, it was impossible to advance it farther than it is at present—we must still dispense with this simplifying glance. We must, however, on this account, follow the only path which leads to this end, laborious though it be at present. As the progress of inventions facilitates commerce and travel more and more, so the progress of science always lightens the task of learning what has been discovered; and the same will be the case as regards the materia medica. Until that time comes, we must study the remedies as we find them; the time is, we hope, not far distant, when we shall be able to talk about the objects of our science in the same manner as natural historians do of theirs; when, like them, we may be able to give complete descriptions of these

objects, without touching upon the unimportant matter; the time, we hope is at hand, when we shall know what is and what is not important in our materia medica.

2. How can a remedy be studied, if the symptoms be not learned off by heart? On the same principle as the whole materia medica—by comparison. The symptoms of a medicine are to be read carefully through several times, from beginning to end, in the first years of study, with the pen always in the hand. Whilst reading, one thing or other is always to be particularly attended to. At first attention should be directed to the *organs* in which the symptoms occur. It will be at once remarked that many organs or tissues are particularly attacked. Those organs which shew the greatest number of symptoms are to be regarded according to their physiological relationship. In this, our previous studies are a great assistance, as every physiological dogma, every hypothesis, even though it be false, is an aid to the memory; thus, the ear is said to be the peculiar organ of the osseous system; therefore, when pains or nodes in the bones occur, I would observe attentively the symptoms of the ear; and, in this manner, many individual symptoms would appear more significant where connections exist: as, for instance, that between the functions of the skin and the kidneys, symptoms occurring in the one system will always call to our mind those of the other, whether these harmonise with or are opposed to one another. In our comparison, pathology will also be of use, and that whether its theories be true or false. Thus, where symptoms referrible to the liver occur, I would always compare the pains in the right shoulder, and *vice versa*. Where turbid urine, in small quantity, is passed, I would pay attention to the symptoms which point to the serous cavities; in doing this, for example, when studying aurum, a number of symptoms would thereby appear more important, and consequently be more deeply impressed on my mind, and this remedy would occur to my memory not only in cases of effusion into the pericardium, but also in hydrothorax and ascites. The important observation of Neumann, that diabetes is always preceded by a diminution in the activity of the kidneys will be often serviceable in our consideration of the medicines. It

will, for example, help to confirm the supposition, that not much is to be expected from *argentum* in cases of diabetes, and that this disease is mentioned in our repertoriums in connection with silver in this manner: Hahnemann, distrusting the alleged diuretic properties of nitrate of silver, rather ascribes to it powers exactly the reverse, but as far as I know, does not adduce a single instance of its efficacy. Whilst studying the symptoms of *phosphoric acid*, we should call to mind the same observation, as also the recorded experience of its efficacy in several cases of milky urine, (a kind of diabetes), and a large number of the symptoms will be seen to be pathologically connected.

In this manner, during the first reading and comparison, the symptoms arrange themselves, as it were, into some sort of definite form, and thus is gained a collective impression of the whole, which is retained in the memory, and is recalled to mind in all cases where the remedy is suitable.

During a second perusal of the medicine, attention should be directed to the *character* of the symptoms, for which the former perusal was but a preparation. The character of the pains in different parts should be compared, all pains or other sensations of the same, a similar, or a nearly related kind, occurring in different parts should be carefully observed.

If this be done, it will be found, for example, that burning pains frequently occurring in various parts are not peculiar to *arsenic* and *carbo-vegetabilis* alone, but occur in *phosphoric acid* and other substances; the mind will take a comprehensive view of them, and a complete picture of them will be retained. At the same time, attention must be paid to the parts where these pains principally occur: thus, whether the burning pains are more in the mucous membranes or the serous cavities, or other parts. Thus, for instance, the burning pain in the case of *arsenic* is most frequently internally, in the blood-vessels; in the case of *carb. veg.*, more externally, in the skin and joints. Both cause burning in the stomach and bowels, but *arsenic* in a greater degree; on the other hand, *carb. veg.* causes much more in the breast; and so forth. In every substance, where the same description of pain prevails, an

attentive examination will shew the characteristic features of each.

We will soon discover that certain kinds of pain prevail in certain organs and tissues, *e. g.*, tearing in the muscles, dartings in the chest, cuttings in the abdomen, pressure in the head, compression in the ears, boring in the bones, &c.; but this we shall enter into more particularly in another place. This tends much, both directly and indirectly, to assist the memory, for the circumstance of an unusual pain occurring in any organ would be the more observed. A number of isolated symptoms are, moreover, more easily remembered in connection, when placed side by side; for example, with respect to aurum producing determination of blood to the head, to the chest, to the eyes; toothache from a similar cause; determination of blood to the legs; and many other symptoms may be found to be connected with these. An accordance of many of the symptoms of different organs may often be observed, thus *caust.* has sparks, flickerings, figures, an appearance of gauze before the eyes; ringing, whistling, singing, chirping in the ears; on the other hand, *phosph.* has points and spots, dark, black, and gray veils before the eyes; loud noises, buzzing, throbbing in the ears. After the moral symptoms have been arranged in groups, they may be easily impressed on the memory by comparing them with the corresponding symptoms of other organs. Thus anxiety, melancholy, &c., are to be compared with the symptoms of the heart and chest; a weak, wandering, or obstinate state of the mind, with the frequently analogous symptoms of the digestive organs, &c.

At the third reading, the *conditions* under which the symptoms take place should be noted; and this must always be done pen in hand, even although Rückert's comparative work be employed. Doing it one's self has great advantages, especially at the commencement of the study, as one is exercised thereby; and all that has been previously learned is at the same time revised. It should be observed whether the symptoms take place on the right side or the left; if this has not previously been done, at what part of the day they occur, when our pathological knowledge will be of great assistance.

to us; in what attitudes, positions, during what motions, &c., they occur. Care should be taken not to indulge in vague generalities, such as "aggravation in the evening," "worse on motion," and the like; this is of small use in acquiring a knowledge of the medicine, and is an obstacle in the choice of it as a remedy. What we wish to know is, *what* symptom is aggravated in the evening or on motion. When possible, this symptom should be noted along with some connecting idea. Since Hahnemann taught us to distinguish between *bryon.* and *rhus.*, by pointing out their opposite qualities, motion in the one case and rest in the other producing aggravation, it has frequently happened that too much value has been assigned to this circumstance in the choice of *bryon.* Many other similar remedies are distinguished by possessing the same opposite properties: *bell.* and *hyosc.*, *nux.* and *puls.*, *chin.* and *seneg.*, *phos.* and *nitr.*, *sulph.* and *con.*, *carb.* and *dros.*, and many other substances, bear the same relation to each other as *bryon.* and *rhus.* *Bell.* has a far larger number of symptoms that are worse on motion than *bryon.*, yet the symptoms of both that are worse on motion are perfectly distinct; as regards *bell.*, they occur mostly in the vascular system, while with *bryon.* they are chiefly to be found in the joints; the symptoms of the respiratory organs with *bryon.* are not aggravated by motion, those produced by *bell.*, however, are decidedly so.

One should be careful of coming to a converse conclusion; I mean to say, in the case of a remedy having a number of symptoms which are aggravated by rest, it does not follow that they will be ameliorated by motion, and *vice versa*. Thus *dulc.* has many symptoms better on motion, but very few worse when at rest.

The remedy may be perused yet a fourth time, particular attention being paid to the *combinations* of the symptoms, the student observing carefully what symptoms follow each other or occur simultaneously. The attention must, however, have been previously directed to this point; when this was not the case, the student should seek to bring these combinations in connection with his former observations.

Care should be taken not to adopt the notion, that a remedy

can cure groups of symptoms in a patient, only if they occur in the order it produces them; it is capable of curing groups, which it does not produce in the same combination at all, whose component parts were observed in a number of different provers, and frequently in quite a different order.

A special study of a medicine, in a pathological point of view, comparing it at the same time with different forms of disease, may be useful, after a thorough knowledge of the symptoms of the medicine has been acquired; experience teaches us that a number of apparently perfectly different diseases, which are far asunder in pathological works, may be cured with the same remedy. It would consequently be necessary to go over almost all diseases in connection with the remedy, which would be a great waste of time, and would not lead to a perfect knowledge of the remedy after all; for our pathological systems are very far from being complete enough for this. It would be well, however, to compare the description of individual forms of disease, with many classes of remedies; thus, for instance, those catarrhs, indicating mercury and allied medicines, are very dissimilar to those in which arsenic, and medicines of its class, are efficacious.

3. After a thorough acquaintance with one or more remedies has been gained in this manner, then the student must pass on to others, and the best course will be to go on next to those most nearly allied. The study of the second remedy is already somewhat easier, partly owing to the practice which has been had in acquiring a knowledge of the symptoms, partly because deviations from the character of the last studied medicine become more vividly impressed upon our mind. We must, consequently, have a very clear perception of these differences. They must assist us to attain a distinct idea of the peculiarities of the second medicine, as well as to stamp the knowledge of the first more forcibly on our memory. We must, therefore, search for resemblances, and observe differences, as well in the more prominent symptoms, as in those which are more easily remembered, rarer, and more striking. I have called attention above, in the examples of *bryon.* and *bell.*, *caust.* and *phosph.*, *arsen.* and *carb. veg.*, to the fact, that medicines, otherwise presenting great similarities in their

symptoms, are yet widely different in certain respects. No regard need be paid to slight differences; to whole groups of symptoms even, which one of the medicines has, and the other has not; or where, in the case of the one, many symptoms are known, while with the other, very few are; these may, however, demand our attention in cases where the different characters of the remedies are thereby marked, as in the case of *bell.* compared with *bryon.*, with regard to the moral symptoms, the effects upon the organs of the senses, the symptoms of the throat, &c. The differences sometimes lie in the combinations of symptoms, whereby they may present resemblances to perfectly different diseases. More frequently, and much more clearly are these differences expressed in the conditions under which the symptoms occur; these are often exactly opposite: thus the very similar headaches, produced by *bell.* and *bry.*, occur in the former in the evening, in the latter in the morning; these differences are sometimes very gradual; thus, most of the exacerbations of *acid. nitr.* occur in the evening, those of *acid. mur.* before midnight, those of *acid. sulph.* after midnight, and those of *acid. phosph.* towards the morning, but all the acids present nocturnal aggravations. Symptoms of an opposite character are rare, but differences in nature are very frequent, as is the case in the gastric symptoms of *bell.* and *bry.*, *bry.* and *ant. crud.*, *ant. crud.* and *ipec.*, &c. Symptoms in opposite situations are more frequent; thus, similar symptoms are often distinguished by occurring in one case on the right, in another on the left side, as happens with *am.* and *lach.* and others; the catarrhal affections of *bell.* are distinguished from those of *dulc.*, by those of the former occurring more in the mucous membranes of the head and neck, in the region of the carotids; those of the latter, more in the chest and abdomen, in the course of the descending aorta, &c.

Beginners are apt to attend too much to specialties when making these comparisons, in which case it becomes a very laborious task, and is apt to lead to a total abandonment of the study. There is, however, no better way of avoiding this error, and of learning how to make one's self quickly master of the generalities, than undauntedly to surmount the laboriousness of the commencement. On a second comparison, the mind is more ac-

customed to the work; and according to the talents and previous acquirements of the student, will it be a longer or shorter time before he comes to be able to complete the comparison of two remedies in a few days. We must caution those who pay too much attention to specialties, not to be so very minute, but above all things to seek for points of crystallization. We must point out to those who are disposed to be superficial, what important discoveries for practice may be made by a careful comparison.

The comparisons may be very easily made by means of Rückert's systematic tables. The remedies to be compared are to be sought out in each division, their symptoms carefully read, and the result committed to writing; a separate column being assigned to each medicine. Those symptoms which both have in common should be written in the middle; when there is only similarity, the sign of similarity should be placed in the middle between them; and where opposites, or well defined differences exist, they should be distinguished by an interposed arrow, &c.

It cannot be expected that any one, least of all beginners, will compare every remedy with every other. The student should select some ones for this purpose, which he considers to be analogous, and which are known to possess important properties.

All remedies which are closely related, with respect to the source whence they are derived, must also be so with respect to their symptoms; all that are chemically allied must be so medicinally. Those possessing similar odours, as *phosph.*, *ars.*, *all. sat.*, *asaf.*, *bufo.*, must possess resemblances in their symptoms, &c.

The chemical preparations may be arranged in natural families, according to one or other system, and those nearly related are thus compared, *e. g.*, *sulph.* and *phosph.*; *chlor.* and *iod.*; *the carbons* and *graph.*; the oxygenous acids, *nitr. ac.*, *sulph. ac.*, and *phosph. ac.*, compared with each other, and with the hydrogenous acids, *mur. ac.*, *hydrocyan. ac.* Farther, *sil.*, *alum.*; the carbonates of *potash*, *soda*, and *ammonia*; *bar.* and *stront.*; *calc.* and *magn.*; the muriates of *soda* and *am.*, *bar.* and *magn.* The acetates of *cupr.*, *ferr.*, *plumb.*, *mang.*; the metals *aur.*,

plat., *stann.*, *arg.*, and *zinc.* Interesting comparisons may be made between *phos. ac.* and *phos.*, *sulph. ac.* and *sulph.*; as also *sulph.* and *hep.*, *hep.* and *calc.*

Among medicines belonging to the vegetable kingdom, which may be compared as being nearly allied, are *anac.* and *rhus.*; *bryon.* and *coloc.*; *ind.* and *tong.*; *op.* and *chelid.*; *spig.* and *menyanth.*; *viol. od.* and *jac.*; *thuya.* and *sabin.*; *coff.*, *ipec.*, *chin.*; *colch.*, *verat.* and *sabad.*; *euphr.*, *dig.* and *grat.*; *lauroc. prun. sp.*, *amyg. am.*; *led.*, *rhod.*, *nux vom.*, *ign.*, *oleand.*; *arn.*, *cham.*, *cin.*, *leont.*; *asa.*, *cic.*, *con.*, *aet.*, *phell.*; *bell.*, *caps.*, *hyosc.*, *stram.*, *tab.*, *verb.*; *acon.*, *clem.*, *hell.*, *puls.*, *staph.*, *ran. bulb.* and *sol.* The cryptogamous plants, *agar. musc.*, *bov.*, *lycop.*, are too remote from each other, and yet their symptoms are much more similar than those of the more nearly related families of solaneæ and ranunculaceæ. *Sec.* can only be judged of from the cures it has effected; the symptoms of it derived from epidemic diseases are not to be relied on.

It is worthy of observation that *the differences of those substances which are allied in their origin lie principally in the conditions of the symptoms; whereas those substances nearly connected by the similarity of their symptoms alone, agree merely in single departments of symptoms,* but in others have quite a different character and seat.

Families of substances related only in their symptoms, may be formed from such medicines as may be employed with advantage in succession, or which serve as antidotes to each other. In the present state of Homœopathic literature, the formation of such families is a very hazardous experiment, but they are of much greater practical value, than those formed from their natural affinity. It is perfectly evident that substances which have a similar origin, must produce many similar symptoms; our business should be to search for the differences, in order to avoid confusion. When, however, minerals, plants, and animals, widely different from each other, produce similar groups of symptoms, there must be some deeper reason for this; it must indicate the similarity of the medicinal to the natural diseases. Such allied medicines are in general the best antidotes of each other, although

among the metals which form several families, there are, as must happen from the rules laid down above, antidotes which are never found among those nearly connected, but always among those widely separated; thus it follows, that *sel.*, *ars.*, and *am.*; *plat.* and *argent.*; *stan.*, *plumb.*, *zinc.*, and *nic.*; *ferr.* and *mang.* do not antidote each other, but *plumb.* and *plat.*; *ferr.* and *ars.*; *am.* and *merc.* do. Among plants there must be antidotes in each family, perhaps in each genus. There are, indeed, separate parts in every plant and animal, which seems to have a power of neutralising the effects of the others.

A close connection has been pointed out by other homœopathic writers, between the two naturally allied substances, *nux.* and *ign.*, on the one hand, and the symptomatically allied *puls.*, to which may be added *cham.*, *coff.*, and *caps.*; we may, I think, reckon *ambr.* also among these. Another family is *ars.*, *verat.*, *ipec.*, *asar.*, to which we may add *ferr.* and *chin.*; perhaps also *staph.*, and *ac.*, *sulph.*, *sulph.*, *calc.*, *lyc.*, are well known as doing well in succession, to which may be joined *led.*, and in another point of view *therid.* One of the most remarkable and beautiful families is *hep.*, *merc.*, *bell.*, and *lach.*; between these and those allied to *arsen.*, may be placed *phos. ac.*, and *carb. veg.*, and those related to them, as also *cupr.*, and on another account *aur.*; as soon as Bönninghausen's work comes into my possession, I shall treat this subject more fully. Any one who has thoroughly made himself master of two or three families, and from time to time makes a comparison between two remedies, which appear to him to be related, and between which he has frequently to make a most accurate choice in practice, as for instance, *sulph.* and *ferr.*; *phos.* and *caust.*; *ars.* and *carb. v.*; *bell.* and *bry.*; *bry.* and *rhus.*; *rhus.* and *dulc.*, &c. gradually obtains such an extensive basis, that all the rest are acquired without difficulty. If a crystal of a salt be suspended in a saturated solution of the same salt, the most beautiful crystals collect upon it; so, one who has made himself acquainted with a large number of medicines in the above manner, can thereafter compare every medicine with every other, in a very short time, and without many quires of paper. This must happen before our materia medica,

which ought to belong to the natural sciences, can be looked upon as one of them.

PRACTICAL OBSERVATIONS: AFFECTIONS OF THE SPINAL MARROW: EMPLOYMENT OF RANUNCULUS BULBOSUS: ERUPTIONS CONSEQUENT UPON THE USE OF ARNICA.

By Francis Black, M.D.

A. R., aged 20, of a bilious temperament, enjoyed good health until he was 16, when he first complained of weakness in the back. About this time, after bathing, he suffered from pain in his back which set in with a slow fever; but he was unable to go about his occupations until the end of 1840. In January 1841, he observed, while bathing his feet in hot water, that he had no sensation in them; at this time the pain in the back had disappeared, and the only thing complained of was loss of sensation; this gradually extended, the weakness increased, and, at last, he was scarcely able to walk.

March 16, the actual cautery was applied for about 9 inches along the spinal column, and after this time he was affected with complete paralysis of the lower extremities. From this period, bleeding, dry cupping, sinapisms, &c. were used, but without benefit.

I saw him first on the 15th February 1842; he had then been confined to bed for six months. The following was his state: —Paralysis of the lower extremities, hardly any emaciation of the limbs; the flesh seems tolerably firm, the skin is slightly sensible. He is able to flex the left leg a very little, but with great difficulty, and attended with quivering of the muscles. He can scarcely move the right lower extremity.

There is no tender spot along the course of the spine, but there is slight lateral curvature, with acute projection of one of the spines of the dorsal vertebræ; here there is no pain, even upon pressure, but the skin over this place is slightly red.

Bowels costive, requiring constantly aperients. Urine passed freely and easily, although occasionally there is a little pain.

Sleeps sound, but dreams a great deal; disposition cheerful.

Cocc. 18/4. ii., [4] m. et n. $\overline{3}$.* Up to February 28th, two

* See note at the end of the paper.

such doses were administered; the bowels acted four times; no change, except that he feels as if the limbs were beaten, as if after a long walk; sulph. 30/4. ii., [ ] m. et n. $\overline{3}$. In this way cocculus 18., sil., 18., nux v., 15., and rhus., 6., were given until May, and on the 9th of May there was no change, when he got sil., 18/4. pulv. ii., [6] m. et n. $\overline{3}$.

May 17.—A day after the first powder, suffered from pain in the back, in the part where there is projection of the vertebral spine; it lasted for twenty-four hours, and was not increased by pressure upon the part. From this time there was a gradual increase of motion and sensation. Rept. June 1st.—Considerable improvement; he is able now to put one leg over the other, and with his feet to push off the bed-clothes; sil., 6/4 [4] m. et n. . From June 8th to 20th he received, for other symptoms which had shewn themselves, calc., 18., bell., 6., and sulph., 6. June 25th.—Continued improvement; sulph. On July 3d the silex was again resumed, and continued until September 23d, with, however, frequent intervals, during which no medicine was given.

September 23d.—Has now for a month been able to move about; walks pretty well. From this time he continued steadily to improve, but, as a precaution, moved about the room in a machine such as children are sometimes put into on first learning to walk. This he soon laid aside, and completely recovered under the daily use of occasional doses of sulph., calc., nux v., sil., and the administration of cold sponging, and latterly the shower bath. Some six months after this, he was again troubled with pain along the spine, and weakness of the limbs, but this soon yielded to the administration of silex. There now remains an acute projection of one of the dorsal spines.

The above case we believe to have been an affection of one or more of the bodies of the dorsal vertebræ of a scrofulous character, and that the paralysis arose either from inflammation or irritation, extending to the spinal column. We believe that the use of the actual cautery added to the already existing evils, by increasing the irritation, and thus rendering the paralysis of the limbs more complete.

The case is interesting, as shewing the beneficial influence

of silex in a disease which, according to one of our best surgical authorities, " proves extremely obstinate, or rather always incurable, at least with such few exceptions as hardly deserve to be mentioned." We cannot suppose that the successful termination was attributable to rest, and the horizontal position: *First*, Because these means had been previously tried for a considerable time, without any benefit. *Second*, Because the improvement became apparent only after the aggravation caused by the silex; and during the treatment we observed much more evident effects from the silex than from any of the other remedies. *Third*, Because we have, in several instances, seen similar good effects follow the administration of silex in affections of the spinal cord. We recollect, at present, two cases of children, where the benefit was very marked. The one, a child aged 2 years, of a strumous diathesis, was unable to stand or walk, the lower extremities were thin and flabby, hanging down as if powerless; no loss of sensation; appetite pretty good, and the evacuations natural and regular.

Silex 18, was administered in solution, at various intervals, for a month; towards the end of the month, the muscles of the lower extremities became firmer, and the child could stand a little; the sil. was continued. In six weeks the child could stand well, and walk a little; and before three months had elapsed, the child could walk perfectly. In the other case, the inability to stand or walk was not so great; this child also perfectly recovered under the use of silex.

Paralysis, principally of the Lower Extremities.

M., a middle-aged healthy person, of temperate habits, has suffered for twelve years from palsy. He attributes it to a fall when hunting, but at no time suffered from pain in the region of the spine; the disease came on gradually, and notwithstanding that every possible measure has been tried, the palsy has not diminished. The following was his state when seen by me in December 10th, 1842:— The patient is well made, and of a healthy appearance; he complains of weakness, especially of the lower extremities, from the hips downwards. Stands with the greatest difficulty, and only by leaning the weight of the body upon the arms. Is

able, when sitting, to move the legs about, but cannot place them firmly upon any thing; for example, if placed upon the fender, he cannot retain them there, they immediately drop down. The lower extremities are colder than other parts of the body, and deficient in sensation. Has complete control over the upper extremities, but deficient sensation in the fingers; feels, on grasping any thing smooth, as if its surface were rough. Bowels kept regular by a lavement of simple water. Urine passed easily.

Very liable to spasms in various parts, especially in the lower extremities.

Has amaurosis of the right eye.

Cocc. 6/4. pul. ii., [4] m. et n. $\overline{3}$.

December 22d.—The sensation is more perfect; feels more power in the lower extremities; suffered a good deal from shooting pains in parts where he had not previously felt them. Cont.

January 7th.—Continued improvement; is able to place his feet upon the fender, and retain them there. Until the 30th, he received two more doses of cocc.; but on the 31st, he retrograded considerably; rhus. [ ] was then administered, but with little good. On the 6th February he got silex [ ], this was continued until the end of the month, and under its use he was in the same state as on January 30th. During the month of March he received alternate doses of sil. [ ] and cocc. [ ]: by the end of this month he had considerably improved; the gritty feeling had left his fingers, the sensation had returned to his legs; going between two rows of chairs, he could walk backwards and forwards for a distance of 18 yards. *He could see well* with the right eye; the cramps had almost ceased. During April he received sil., and cocc., but principally the latter, and continued daily to gain ground. May the 2d, has been out, and with assistance, and sitting down, has been able to walk a quarter of a mile; and by the end of the month he could walk half a mile, though with difficulty, and always supported, and mount to the top of a flight of long stairs. To the end of June he received nux v., sil., and cocc. [ ] alternately, and continued steadily to improve. In July, however, he lost ground, and though the same re-

medies were used, as also rhus, oleander, agaricus, and sulphur, he from day to day became worse, without any assignable cause, and by the month of September was nearly in the same state as when I first saw him. The patient then became dispirited, and gave up the treatment.

This liability to relapse we recollect to have observed in two cases, both of them in elderly men, who suffered from palsy, not depending however upon spinal disease, as in the case above detailed, but following an apoplectic attack. Under the use of cocculus, which at first produced sharp shooting pains in various parts of the body where palsied, and where the patient had not suffered previously, they improved considerably in two months, and gave great promise of being cured; but before four months had elapsed, they gradually got worse; the one we lost sight of, the other resisted all the other means employed.

Diseases of the spine, when affecting a great portion of the spinal marrow, are extremely unmanageable. We have not, and we have treated several, seen a single case, where the disease had so far advanced as to cause *great general disorder* and *partial palsy*, yield to treatment.

Nor does the first case we have given form an exception; for, in it, the palsy evidently depended upon the irritation of a diseased vertebra, but the cases, the prognosis of which we state to be unfavourable, are those in which there has been at first acute or chronic inflammation, which has probably led either to ramollisement or some other structural change.

This obstinacy is what we might almost have been led to expect, when we consider that Homœopathic practitioners are rarely at present consulted until the poor patient has been bed-ridden for years, and undergone the most violent treatment. The prognosis is also more confirmed when we know, that, though the affection may not have commenced in some organic change, the long-continued disease and *treatment* will produce it. But, though hitherto unsuccessful, we do not despair of succeeding in recent cases of this disease: and our hopes are principally founded upon the great benefit which follows the administration of our remedies in similar cases,

but confined to a smaller portion of the spinal marrow or its coverings. For example, we have seen great good follow the administration of ars., nux. v., and lach., in cases of dyspnœa, cough, pain in the chest, and palpitation, which were distinctly referable to irritation in the upper dorsal portion of the spine; spasms, pain in the bowels, and gastrodynia depending upon the same cause, relieved by nux. v., cocc., and veratr.

The alternate use of the above medicines, together with sil., sulph., calc., and bell., are frequently attended with great relief to the patient. Even in advanced cases, the pains in various parts of the body, the disorder of the stomach, and costiveness, which is a frequent symptom, are frequently relieved by these remedies. The subject of costiveness reminds us of a case of a young lady who had been unable to walk for a long time owing to a spinal affection; when we saw her she had recovered so as to be able to walk across the room: but it was especially for the excessive costiveness that the aid of Homœopathy was asked. She was in the habit of taking, every 4th day, two or three colocynth pills; nothing weaker would act; about an hour after taking these, she became always sick; this increased; and before long she was seized with cramp in the abdomen, and vomiting; towards the morning this lessened, and she had an evacuation; all aperient medicine produced the same symptom; and even strong enemata had no effect. Under the use of nux v. i. the costiveness was much improved, so that the bowels, with the aid of an enema of simple tepid water, were moved every 4th day. We at first tried the higher dilutions of nux, and then various other medicines, sulph., lach., sil., puls., bry., but without any effect; but, after nux v. 1. $g^{tt.}$ [1], there was almost regularly an evacuation. She improved in strength: but of late has discharged from the bowels a peculiar white tape-like substance, which we at first supposed to be tape-worm. A more minute examination shewed it to be an exudation from the intestines. This exudation has continued for nearly eight months; but Homœopathic treatment was only steadily pursued for about six weeks; the medicines

given were sulph., nit., ac., nux v. and merc., but with the exception of the nux, which relieved the costiveness, their administration was attended by no improvement. The patient is again under treatment.

Diseases of the Spine producing various Neuralgic Affections.

C., aged sixty.—Has since the age of twenty-one suffered from affection of the head and spine—for many years she complained of fatigue and weakness, with tendency to syncope. In an acute affection of the head she lost her sight and smell. After this the eyes inflamed very much, and since then she has been constantly liable to attacks of shooting pain in them. She has great lateral and also antero-posterior curvature. There is a very tender spot over the lower cervical vertebræ, which, upon being pressed, causes violent shooting pains down the scapulæ, chest, and arms. Complains of spasmodic sharp pains round the waist and in the abdomen, and also similar pains in the lower extremities, especially at the ankles. The least motion increases the pain—pain worst at night; is unable to walk, and raised with difficulty from her invalid's chair; sleeps very little. Bowels costive; frequent acidity and great flatulence. She had undergone every variety of treatment without benefit. Such was her state in August; cocc. 6/4 ii. [4] m. et n. $\overline{3}$. Cocc. was thus administered alternately with nux v. 18., until Sept. 3d; by this time the bowels had become regular, the flatulence less; she was able to move the body with greater ease. Sept. 7th, continued improvement; sulph. 6/3 ii. [4] m. et n. $\overline{3}$. Sept. 18th, sil. 18, was administered as above, and under the use of this remedy she improved very rapidly; the pain became less frequent; she was able to walk a little; slept better; appetite improved.

From this time until the end of October, she received sil. 18., [ ] calc. 18., [ ] and continued to improve. She was able to walk about with much less pain; and even went out to drive. Up to the present time this patient has continued comparatively very free of pain; and when it comes on,

cocc., or sil., succeed in relieving it. Occasionally carbo. v. was given to relieve the flatulence, which at night was sometimes excessive.

Miss W., aged 26, has suffered for fifteen years from her present affection, for which numerous remedies have been tried, but without any relief. She was seen by us on January 17th, 1844. She states that the pain commenced gradually, and without any assignable cause. The pain commences in autumn, gets worse during winter and spring, and diminishes during the heat of summer. She complains of frequent attacks of pain between the shoulders, in a space not larger than half-a-crown, over the 8th dorsal vertebra, where there is no tenderness upon pressure. The pain is dull, coming on frequently eight or nine times a-day, but never at night. The pain frequently extends round the waist, when she suffers from cutting pains, as if knives were run into the stomach; these shoot round to the back, and suddenly disappear, when they settle into the dull pain above described. When the pain goes off, she is troubled with yawning. Catamenia regular, and in all other respects quite well. Cocc. 6/4, iii. [6] 8ta q. q. h.

Jan. 26.—Pain between shoulders much better. Ars. 15/4. Cocc. 6/4. Ars. 6/4. Cocc. 6/4. [4] m. et n. $\bar{\underline{1}}$.

Feb. 9.—Has been greatly better; for the last ten days has had no pain between the shoulders, and the cutting pains in the abdomen have almost ceased.

Rept. med. ut Jan. 26th.

Feb. 24.—Is now, and has been for some time, entirely free of pain. The patient, up to the time we write, has continued free of pain.

Ranunculus bulbosus we have found useful in three instances of pain depending upon spinal irritation. In one case, the patient, who was under treatment for chronic headaches and abdominal affections, complained of sharp shooting pains round the chest;—in the other, the pain was acute, and felt principally in the shoulder, axilla, and mamma; so acute was it in the breast, that the patient dreaded cancer, for which fear there were no grounds. These two cases we believed to be neuralgia of the intercostals. The third, which was the case

of a lady who had suffered from long-existing spinal disease, and complained of sharp gnawing pain over the left side of chest, as if the skin were torn, with occasionally shooting pain from the spine. In the two first cases, two or three doses of ran. 6, [ ], removed the pain, and in the third it was also very useful, but the pain returned in a fortnight. She is still under treatment; but, under the use of sil. and cocc., has improved considerably.

As the ranunculus is not as yet much used, it may not be uninteresting to give the following case of rheumatism, where it proved useful.

J. S., aged 59, has been several voyages to warm climates; during his last voyage he caught cold, and has for some months suffered from rheumatism. The pains are confined almost entirely to the trunk. He feels as if the abdomen and chest had been bruised; on the least motion the pains become cutting and sharp. Bowels costive; tongue foul.

June 23.—Ran. 6/4 ii. [4] m. et n. $\bar{3}$

July 4.—Pains a good deal better. Rept. med.

July 13.—Pains in abdomen and chest are now gone; complains of pain in the neck and shoulder. Bry.

July 17.—He was better, and again received bry.; and on the 20th, from a slight return of the pain round the chest, ran. b. was again administered. After this he underwent treatment for disorder of the stomach.

From the pathogenetic action of the ranunculi, we believe that they would frequently be useful in various rheumatic and neuralgic affections, especially of the chest.

Eruption produced by the external application of Arnica Montana.

In the materia medica of Hahnemann we find two varieties of eruption mentioned; first, a sort of pustule very painful to the touch, appearing upon the neck, with a red inflamed base. (Sympt. 396. Jourdan's Trans.) The close resemblance of this to boils, led Hahnemann to administer it when they existed, and with success. He found, also, that it was very useful in preventing their return in individuals who were subject to them. We would recommend this remedy to our profes-

sional brethren in India, who have frequently an opportunity of treating an obstinate kind of boil, which appears to be so prevalent in Scinde and various parts of India. The close analogy of many of the other symptoms of arnica to the above affection, induces us to believe that it would prove a very valuable remedy. It is at least worthy of a trial, in a disease in which ordinary remedies are admitted to be useless. The second eruption is vesicular. Hahnemann says (Sympt. 504.), "After having moistened the skin with the tincture, an itching miliary eruption appeared."

Of late we have observed, in several cases, this eruption follow the use of the tincture, applied externally; and we purpose to give a few illustrative cases.

A lady applied the tincture of arnica, 15 drops to the ounce of water, to her nose which had been bruised, and the skin slightly broken. The part was moistened occasionally with the diluted tr. arnicæ for about 24 hours; about this time the skin became slightly red, and a very small vesicular eruption appeared, attended with itching; the nose swelled a great deal; the redness and eruption disappeared in four or five days. This same person applied it at another time to an inflamed toe, from the pressure of a shoe, and the same effects followed. She has an irritable skin, and liable to erythema of the face.

A gentleman applied it to a bruise upon the elbow, and in a few days an eruption like pin-heads, with redness of the skin, appeared.

A lady, to allay the irritation of flea-bites, applied the tincture very much diluted. Wherever it had been applied, there appeared a very irritable and slightly vesicular eruption, the vesicles about the size of a middle-sized pin's head. She had a very irritable skin.

A lady of a sanguine temperament, and very healthy, fell on the ice, and severely sprained her wrist. We applied cloths dipped in a lotion of arnica (20 drops to the ounce). These, with the alternate use of bandages dipped in cold water, and a splint for the arm, were continued for eight or ten days; and considering the sprain very much better, we did not call for four days. On our return, we found that the lady

had steadily continued the arnica, but using 30-40 drops to the ounce of water. She had observed, for two days, a slight redness of the skin, attended with great itching. On examining this, we saw that the outer side of the wrist was covered with a small miliary symptom. In two days this had very much increased, the whole forearm and hand were very much swollen and red, the surface covered with numerous small semitransparent vesicles, with red bases; in some parts they were confluent. Great heat, and excessive irritation from the itching. The eruption, where it first appeared, died away, leaving slight desquamation of the epidermis, but the redness and swelling continued. On the eighth and ninth days, the swelling had spread beyond the elbow half way up the arm, but above the elbow no eruption could be seen. On the tenth day, the patient complained of heat and itching of the face, the skin became red, and over the malar bone the eruption appeared; the swelling and redness soon included the left eyelids, but no eruption appeared upon them. The course seemed to be, first heat and great itching of the skin, then redness, and soon the minute vesicles appeared, which increased in size, and produced intolerable itching. They gradually subsided, leaving slight desquamation of the epidermis, with redness of the skin. When the irritation had considerably subsided in the arm, the skin for some time remained red, covered with slight scales, and hard almost like leather. There was no fever. When the face became affected, the pulse rose a little, and the patient complained of frontal headache.

Rhus 6/6 [4] 4ta q. q. h., was first administered internally, for two days, but without any relief,—also hot and cold fomentations. Then the Tr. of rhus, considerably diluted, was applied externally, but with no benefit; and afterwards belladonna and camphor were given. None of the remedies seemed to be efficacious; hot fomentations gave the greatest relief. The itching was worst at night, and for many nights she could not sleep.

Dr Russell informs us of a similar case. The patient, a lady about 50 years old, of nervous bilious temperament, and very susceptible to the action of medicine, applied a lotion, composed of one part of tincture of arnica to eight of water,

to her foot and ankle, on account of a sprain. The following day the instep was observed to be very red, and was hot, painful, intolerably itchy, and œdematous: a very few vesicular elevations were visible. The rest of the foot, the ankle, and the lower part of the leg, soon participated in the affection. The pain was so great as to deprive her of her sleep. This affection continued for about a fortnight. A lotion containing *rhus* was applied without any benefit. She was relieved for a time by a mixture of spirit of camphor and olive oil, in the proportion of one part of the former to twelve of the latter. Her general health was not affected. Dr Russell also observed similar, but less severe, symptoms follow the application of the tincture of arnica to the forearm of a gentleman.

In looking over various Homœopathic repertoria, we cannot find that this remedy has been given either in eczema or vesicular erythema; now, judging from its pathogenetic effects, we are inclined to believe that it should form a valuable remedy. In cases, also, of miliary eruption attendant upon rheumatism, gastro-enteritis, and perhaps puerperal fever, it should also prove useful.

Signs denoting the Mode of Administration.

It would be of great consequence were homœopathic practitioners agreed as to the signs used in prescribing. We beg to offer the following hints:—*First,* That as the dilution is of much greater importance than the number of globules, that the figure denoting the former should stand before the latter. *Second,* That after these should be marked, by Roman numerals, the number of the powders. *Third,* That as it is useful to mark, in reporting a case, whether the medicine has been given dry or dissolved in water, that a simple sign should be used; for example, [ ] signifies that the medicine has been given in water; the figure within the brackets [ı] denotes the quantity, 1 signifying half an ounce (a table spoonful). Then the periods at which the medicine is to be given should come next; if morning and evening, it is simply written m. et n. (mane et nocte); or if hours are wished, the usual sign, such as 8ta q. q. h. (octavâ et quaque hora). Then the interval between the powders is to be marked by a figure, denoting the days (if hours are meant add an *h*), between parallel lines. Our first prescription then reads thus:—Cocculus, 6th dilution, 4 globules, two such powders, each powder to be dissolved in 4 table-spoonfuls of water, a spoonful to be taken morning and evening, wait 3 days between the powders.

On the Action of Lycopodium.

Dr J. W. Arnold of Heidelberg, in the Hygea, vol. xvi., p. 308, directs attention to the varieties of opinion of authors, with regard to the action of lycopodium. Thus, he says, while Wurm denies to it any action at all, and Trinks limits its efficacy to some affections of the kidneys and bladder, Kammerer affirms that if the physician will but have patience to wait for its effects, he may see, in 10, 14, or 20 days after the administration of the 30th dilution to weak individuals, the supervention of diarrhœa, fever, a sensation of internal cold, rigors over the whole body or only a certain part, with heat and burning feeling in the face, dark-red appearance of the head from congestion of blood, and pulsations in all the bloodvessels (Hygeia, vol. xi., p. 295.) Dr Arnold very justly observes, that such affections as Kammerer describes may very frequently be observed in weak subjects, in from 10 to 20 days, independently of the administration of any medicine. In order to set the question at rest, he calls upon all physicians who have obtained positive results, from the administration of this substance, to record them in the Hygeia, and himself states the results of his own experience with regard to it. The preparation he employed, was a tincture formed by digesting one part of *Pollen lycopodii* in ten parts of rectified alcohol for eight days.*

His first case was a strong corpulent plethoric gentleman, 76 years of age, highly fed, fond of his glass of wine, and an inveterate smoker, who used to be affected several times every year, particularly in spring and autumn, with severe catarrh, accompanied by great secretion of mucus, which always reduced him considerably, but after which he felt lighter and better. Eight years previous, a warty excrescence grew on the right *ala nasi*, which from time to time became covered with a dark coloured scab, and when this fell off, a bloody surface was exposed. Within the last year it increased considerably in size, but was not attended with pain. Three years

* Rau says, that the *tinct. lycopodii* is inactive, as each grain of lycopodium is invested with a cuticle which should first be broken by trituration.—*Hygea* xiii., p. 284.

ago, after being thrown out of a carriage, there appeared a swelling of the right ankle, and an ulcerated spot, which continued open. The swelling was worst at night; the skin about the ankle was of a brownish hue, and from the ulcer a watery serous fluid constantly trickled out. This fluid, by drying, formed a scab, which when it grew of a certain thickness caused great pain of a darting boring character. The scab was detached with difficulty, and left a raw surface, on which a fresh scab was soon formed. Ointments of all kinds had been employed, but in vain; they only increased the irritation. The pain deprived the patient of his rest at night, and the swelling of the leg hindered him from walking. He grew irritable and anxious about himself, lost his relish for wine, coffee, and tobacco; could only take simple articles of diet, his urine was diminished in quantity, his memory began to grow weak, and he no longer pursued his usual avocations with his former spirit. It is remarkable, that during this period, he was less subject to his catarrhal attacks, and could see to write without spectacles, which formerly he was unable to do. A drop of the tincture was given every two days. After five doses, the swelling of the foot decreased, the pain abated, and the patient could even take a walk without fatigue, the sleep was no longer disturbed by the itching and burning of the ankle, the urine was increased in quantity; and for several days he had from two to three soft evacuations daily, whereas formerly he had had but one, not fluid, natural motion per diem.

The medicine was now given every 4 or 6 days, and continued for a month. The result was, that the ankle became quite dry and painless, scarcely a trace of the former swelling remained, and what had formerly been the ulcerated spot, and the surrounding parts, were only distinguishable by a somewhat dark colour, which, however, was less than formerly. The appetite and sleep returned, as also his relish for his glass of wine and pipe. Dr A. has seen in other cases besides this, an increased secretion of urine on the administration of lycopodium, especially when any dropsical affection was present; he has likewise observed diminution in the quantity of urine in cases where it was morbidly increased, and in one case strangury was the consequence of its employment.

In the next case related by Dr A., he is not perfectly satisfied that the symptoms observed were actually produced by the medicine employed, although he cannot account for them in any other way. The patient was a lady, 60 years of age, of slender make, who had lived a very active life. She generally enjoyed good health, except that she was subject to flow of blood to the head, with epistaxis in the morning, and slight swelling of the ankles towards evening. The previous summer, whilst in England, she had suffered from a disagreeable burning and itching sensation in the feet, which, however, did not prevent her walking, On the voyage back to Germany she suffered severely from sea-sickness, which, however, produced no further consequences. For the first few weeks after her return, she felt well, except that the epistaxis were somewhat greater than formerly. This ceased, however, of itself, without the aid of medicine, and her health was disturbed in consequence. The ankles swelled more, and were the seat of pressing pain; at the same time there appeared on the outer left ankle a bluish-red spot, and the veins of both legs were considerably dilated. Walking was now more difficult, and she limped somewhat. There was a feeling of weight in the feet, and unsteadiness in the ankles, especially the left one. She was forced to maintain a horizontal position, her appetite fell off, she lost her good spirits, and grew somnolent, though her sleep was disturbed at night. The quantity of urine was not altered, but it deposited a copious slimy precipitate of a yellowish-red colour. She first got a dose of *pulsatilla*, the 20th of a drop, which relieved her considerably; but on repeating the dose, 24 hours after, the symptoms were aggravated. After waiting several days, she got two drops of the *tinct. lycopodii* in the evening, when she fell into a tranquil sleep, but awoke at an early part of the night with severe frontal headache, which increased in intensity after four A.M., accompanied with vertigo, anxiety, restlessness, and nausea. This state continued for about an hour, when vomiting of mucus, with much straining, ensued; and, at the same time, a constant desire to make water, which came away in very small quantities. There was great irritability, extreme exhaustion, and unwillingness to answer questions. She compared her state to the sea-sickness, from which

she had formerly suffered. She gradually got over this attack without the aid of any other remedy, and the following day at noon, weakness and irritability were the only symptoms that remained. This attack was followed by a curative action, which shewed itself in a few days by a diminution of the swelling and weariness of the feet. A perfect cure was effected in a few weeks, by the use of small doses of *sulphur* and *baryta*.

Responding to Dr Arnold's call, Dr Segin of Heidelberg has recorded his observations, on the action of *lycopodium*, in the Hygea, vol. xix., p. 14. They differ from those of the former physician, inasmuch as they consist principally of experiments performed on himself while in a state of health.

Expt. 1. On the 25th and 26th March 1834, he took each morning, fasting, two drops of the 18th dilution of *lycopodium*, his health being at the time perfectly good. This produced only pain in the abdomen, as if from flatulence, and, instead of the usual one daily motion, he had two evacuations, and a frequently-recurring obtuse pressure in the temples. On the 27th he repeated the dose. He omitted to take it on the 28th, as he was obliged to make a journey of about 40 miles. When travelling, he took at dinner-time a little wine, and afterward coffee. Soon after dinner, whilst engaged in earnest conversation, he frequently grew momentarily confused, could not pay proper attention to what was said, and a certain train of thinking involuntarily forced itself upon him. Thus he could not prevent himself from thinking of the game of draughts, at that time his favourite evening game. Notwithstanding all his efforts, he could not divest himself of this subject. During the whole afternoon and evening, on his return home, the game constantly ran in his head. At 10 o'clock he went to bed, soon fell asleep, and awoke free from these symptoms. On the 29th, 30th, and 31st March, he took three doses of the same strength, and on the 8th April, two drops of the 30th dilution. He then discontinued it, drank every morning some coffee, and took half a glass of wine at dinner. Until the 24th he experienced an unusual liability to be affected with catarrhal symptoms. He was troubled with toothache, sometimes on the right side, sometimes on the left, at first drawing, then darting to the ears and temples, with painful sensibility

of the scalp over the left ear, increased by being touched. In swallowing, he felt darting pain towards the left ear. On the 25th he was charged with the galvanic apparatus, and by the 26th all the symptoms disappeared.

Expt. 2. On the 8th of May 1835, Dr S. took 10 grains of the third trituration of *lycopodium*, from which no effects were observed; the same was the case after 20 drops of the 30th dilution taken on the 10th. On the 11th he took 30 drops of the same dilution. On the 12th, 50 drops of the 30th. Papular eruption on the legs, accompanied with a prickling sensation, causing him to scratch the part. The same quantity on the mornings of the 13th and 14th, until the 18th. Pain, as of a wound in the toes, impeding walking. Perspiration between the toes softened a corn so much that it could be scratched out with the nail. Hunger at 10 o'clock A.M., never before experienced—increased sexual desire—nocturnal pollutions—wetting the bed at night whilst dreaming he was using the chamber utensil. (This happened once to him when a student, after examining a specimen of *chara* through the microscope.) From the 19th till the 21st March (during which time he daily took a glass of wine and coffee), there occurred swelling and pain at the end of the nose—a small red spot, as if a pimple were about to be formed; and once a violent darting pain at the border of the right upper eyelid. On the 4th April, recurrence of the above-described pain in the toes, which had completely ceased—increased sexual desire—nocturnal pollutions without erection.

Expt. 3. On the 7th November 1842, Dr S., when in perfect health, took ten drops of *tinct. lycopodii;* one at 8 o'clock A.M., an hour after breakfast (chocolate.) Between 11 and 12 o'clock, twitching pains in the abdomen, as if diarrhœa were about to ensue. In the afternoon, pressing frontal headache—an unusual occurrence with him. On the 8th, after a good night's rest, between 7 and 8 o'clock A.M., whilst sitting, violent pressive pains in the back, sometimes extending over a large space; at other times, as if a pin were pressing on the last dorsal vertebra; and, at the same time, a similar pressive sensation at the inferior part of the sternum, causing dyspnœa—ill-defined toothache, with headache pressing out at the fore-

head—and a drawing sensation through the right side of the face, over the shoulder and arm; this lasted for about a quarter of an hour. Not having felt any return of these symptoms, 10 drops of the pure tincture were taken on the 19th November. Having to travel upwards of thirty miles, and having, on the journey, taken 3 oz. of white wine and some coffee, Dr S. felt confused, and had difficulty in collecting his ideas. This state continued till the 22d. On the 24th the same condition was induced by taking a drop of the oily residuum of the evaporated tincture, accompanied by the sensation as if a board lay upon the forehead. After having discontinued the medicine till the 29th of November, on this day, when perfectly well, he took 50 drops of the 3d dilution in the morning—fasting. This produced, until the 6th December, confusion of the head, and difficulty of reflection and comprehension—rheumatic, racking, darting pains in the right ear and temple, at one time dragging in the left shoulder; these symptoms might have depended upon the changeableness of the weather, but this liability to be afflicted by change of weather was evidently owing to the *lycopodium*. These are all the symptoms observed by Dr Segin in his trials of this substance on himself. He relates the following cases in which he used it with success:—A man, 40 years old, suffered from general dropsy, in consequence of an affection of the liver. A few weeks before his death he had enormous swelling of the scrotum—redness and painful rawness between it and the thigh—frequent painful calls to make water, not caused by medicine. He complained much of these symptoms. *Tinct. lycopodii*, used externally and internally, produced each the effect, that, during the last few weeks of his life, he ceased to complain of these annoyances.

A child, of a year old, suffered from intertrigo to such an extent, that it screamed aloud whenever it made water. *Lycopodium*, externally and internally, cured it effectually in a few days.

The following example of the pathogenetic action of the substance under consideration, which occurred in our own practice, may not inappropriately be recorded here.

Mrs S., æt. circ. 50, a sallow complexioned lady, of active

habits—was under treatment for inveterate constipation, with occasionally severe cramp-like pains in the hypochondria, and about the navel. She could scarcely ever obtain a passage in the bowels without the use of purgative medicines, or the enema. The appetite was in general bad, especially in the morning. Two or three doses of *sulphur* 6. were first administered without any particular result; and thereafter a powder was given, containing about one-fourth of a grain of the 2d trituration of *lycopodium*, to be dissolved in a cupful of water, a tea-spoonful of which was to be taken night and morning. Two or three days after taking this remedy, the right fore-arm, wrist, hand, and fingers, swelled, became red, and the seat of sharp, starting pains—any movement of the joints increased the sufferings, and the affected limb felt numbed, and as if semi-paralysed. On discontinuing the medicine, the symptoms gradually subsided, and in three days the arm and hand were restored to their usual state. The evacuations from the bowels had become more regular—the patient had a daily motion, which had not been the case for upwards of twenty years—and the stools, which had formerly consisted of large hardened masses, were now more divided and natural. The patient had never in her life had an affection of any of the limbs similar to the one above described, which strengthens us in the supposition that it was entirely owing to the *lycopodium*.

On the Treatment of Encephalitis and Hydrocephalus.
By Dr Wahle.*

We still hear various complaints about the insufficiency of many medicines to cure certain forms of disease for which they seem perfectly adapted. To this class of diseases belong the acute and the chronic inflammation of the brain. In the course of many years, I have had frequently to treat these diseases, and I have not lost a single child from them, not even such children as had been weakened by fruitless allopathic treatment—with large doses of calomel,—and had been pronounced irrecoverable by their former physicians. For

* From the Archiv für die Hom. Heil. Bd. xv., Th. ii. s. 23.

the most part 36 hours of treatment is enough to recover the child, so far as to place it out of danger. Convinced that some account of the result of my experience will prove encouraging and useful to Homœopathic physicians, I shall here venture to make some observations.

I pass over in silence the premonitory symptoms of encephalitis, which are well known to all practical physicians. But not unfrequently there occurred, in the first stage of the disease, symptoms which did not correspond either to belladonna or aconite, but which shewed a tendency to rapid effusion into the brain. The prominent symptoms of such a condition are as follows: The face is dark red; the eyes, at one time closed, at another wide open, roll about in their sockets; the tongue is covered with a yellow coat; the abdomen is distended; the bowels are costive; the secretion of urine is suppressed, or its emission is painful; the breathing is quick, anxious, groaning, and sharp; drinks are greedily swallowed; the whole of the skin is dry and hot. In a case like this, where *aconite* and *belladonna* fail to do good, *bryonia alba* will be found of wonderful efficacy. If the tongue is dry, some globules of bryonia should be dissolved, and the tongue moistened with the solution; and if the tongue be moist, the globules are to be laid upon it.

Although permanent benefit is often derived from *bryonia*, it not unfrequently happens that the improvement is only temporary, and then another medicine must be sought for. The chief symptoms then are the following: the violent feverish restlessness is abated; the pulse not so quick, weaker, and more irregular; the heat and thirst are diminished; the respiration is oppressed, intermingled with deep sighs, at times quiet, so that the relations flatter themselves that there is marked improvement; the state of extreme irritability now passes into one of insensibility; there is inability to sit upright without support; involuntary trembling of the hands, which move up to the head, which the child cannot raise, but drops when he is lifted; the patient frequently rubs its nose, which is dry; the eye-lids move convulsively; the eyes are generally half-open, and directed upwards or to one side, while the head hangs to the same side, and bores into the pillow in that direction; the eye now loses its sensibility to light; the

pupil is unnaturally expanded; the brow is wrinkled and moistened with warm perspiration, which soon becomes cold; the child shews no longer a distinct desire to drink, but gasps and snaps with its mouth.

If drink be then given him, he grasps the vessel containing it in both hands convulsively, and drinks with great avidity; after drinking he snaps as before. The child is very fretful; will not permit any one to approach his bed, and on being spoken to becomes still worse; the face is puffy and pale, and the forehead looks prominent. The child now falls into a state of sleepy stupefaction; the head is bent back; its talk is insensible; it often screams, and cannot raise the head any more; the pulse has also undergone a great change; it is now small, quick, almost imperceptible, and intermittent; the nostrils are dry, and the chin falls upon the chest; the hands and feet are colder and colder, and covered with sweat; a rattle is heard in the throat, the precursor of death, which soon follows.

If several of these most alarming symptoms occur after the administration of *bellad.* and *bryon.*, *arnica*, which is much recommended by several authorities, will be of no service, and the disease will terminate by fatal effusion. But often a dose of *hellebore* will remove all danger in the course of a few hours. If *hellebore* be insufficient to alleviate the danger in the course of 8 or 10 hours, we must have recourse to *tinct. sulph.*

I may here remark, that, in order that *hellebore* fulfil our expectations, it is necessary that it should be prepared from the fresh root gathered in autumn, and that the *Helleborus niger* must not be confounded with the *orientalis*, *viridis*, or *fœtidus*, as the effect of the latter is quite unlike that of the first.

I may add, in a few words, that, in the treatment of chronic hydrocephalus, *hellebore*, *arsenic*, and *sulphur* will be found to answer to all the symptoms, and to fulfil our expectations. I have found the best order for their administration to be, first, *hellebore* for eight or ten days, unless there be some urgent symptom requiring another remedy; then *sulphur*, and lastly, *arsenic*.

I may observe, in conclusion, that in cases distinguished by

spasms, I have found nothing do so well as sulphur, and when the temper was much affected (gemüthstörung), nothing was of so much use as arsenic.

ON ANGINA FAUCIUM.

By Dr Goullon of Weimar.

(Archiv, XIX., 2d Part, p. 99.)

The extraordinary reputation which belladonna enjoys, as a remedy against all kinds of Anginæ, is, without doubt, in part to be ascribed to the precision with which the course of the disease may be prognosticated, and to the fact, that patients do not apply to us till after employing for several days domestic and allopathic remedies—that is to say, till the disease and the impatience of the patient together, are approaching their point of culmination; in which case certainly, a dose of belladonna often acts with wonderful effect on the, so to speak, matured complaint, while, if resorted to a few days before, it would have effected but little change. I have satisfied myself of the correctness of this view, by carefully counting the days, both in cases of my own and in such as were communicated to me; and now, from the commencement of the angina till the end of the third day, I give aconite, which removes, without the assistance of any other remedy, attacks of the slight rheumatic anginæ of three days' duration, all of which are alike, with painfulness of the muscles of deglutition, especially of the *palato-glossus* and *palato-pharyngeus*, and streaky redness of the arch of the soft palate. If, however, on the fourth day the redness is more diffused, deglutition impeded, the throat dry, and the pain choking* (first stage of catarrhal inflammation, as met with in the benign, smooth scarlatina), belladonna is the appropriate remedy, and a few drops of it will remove the

* Various diseases cannot be shortened by an hour. All that can be done by medicine, is to moderate their intensity, and prevent the complaint being abnormally protracted. To effect this end, however, the remedies must neither be given too early nor too late; it is, therefore, requisite to know exactly the course usually followed by the disease. One can thus predict the period when relief will ensue, and so avoid the worry of impatient questioning, and strengthen the confidence of the patient.

affection sooner than if it had been given from the beginning;* should it fail to do so, it will, at all events, assuage the fits of spasmodic action, and the distressing uneasiness.

But if, towards the end of the fourth day, they become more prominent; if the velum is highly inflamed and dependent; if the tongue is thickly coated; the features are spasmodically distorted during the act of deglutition, which is difficult, or impossible to perform, with incessant efforts to clear the throat; when the countenance, and especially the glazed eyes, are often remarkably changed; in short, if it is a phlegmonous inflammation (or an *erysipelas spurium*), resolution is not to be thought of, and belladonna is of no service whatever. One may, however, confidently predict an improvement on the fifth day under one or two doses of silica, which matures the abscesses in the tonsils with extraordinary rapidity, and makes them burst; after which the patient does not complain much. The healing of the cavity is complete on the ninth day. But even in this stage it sometimes, though but seldom, occurs, that the curative process is disturbed by a chronic dyscrasia. In my experience, I have found this most frequently due to the arthritico-herpetic dyscrasia—that is to say, it occurs where the joints are affected together, or alternating with, squamous spots. In these cases, several abscesses form in succession, so that the patient has one relapse after another. This condition may be recognised beforehand, by the countenance of the patient retaining its anxious, unnatural cast, and the pulse remaining irritable, after the abscess has burst. Sulphur, hepar sulphuris, or even psoricum, in doses repeated every 8 or 12 hours, are the remedies to which recourse should be had.† During the cure effected by these means, some patients are attacked with slight paroxysms of gout, or papular or pustular eruptions, or there is increased action in the dry scabs. It is well known that this painful kind of sore-throat is often habitual, attacking those who are liable to it several times in the year, after catching cold, or committing an error of diet; yet

* It is seldom that anything farther is requisite. Should, however, the second stage, with increased secretion of mucus, ensue, pulsatilla will be found suitable.

† Chamomilla, china., mercurius, &c., are of no service.

I can affirm, that, by having recourse to this simple procedure at each recurrence of the complaint, in some cases, either the disposition to it was completely removed, or so weakened that the disease returned at very long intervals; in others, the complaint was transformed into the much milder form in which there is no suppuration. As it is not easy to choose among these three remedies according to likeness of symptoms, I give sulphur in ordinary cases; hep. sulph. calc. when mercury, and psoricum when sulphur has been taken to excess.

The Angina aphthosa is a totally distinct kind of sore-throat. This word *apththæ* is used in a double sense. Sometimes it is employed to designate pseudo-membranaceous exudations, whether insulated or disposed in patches, in the mouth and throat, and also in other portions of the primæ viæ; sometime sit is understood to mean more or less extensive superficial ulcerations in the same situations. Both these essentially distinct kinds occur as anginæ, and most frequently as tonsillar sore-throat. In the first variety, the amygdalæ, swelled and rounded, are at first covered with distinct white spots, which, enlarging and spreading beyond the throat, are accompanied with burning, pricking pain, which is always on the increase; and, finally, from the 5th to the 9th day, disappears, with a sort of desquamation of the epithelium. It might be aptly termed the miliary kind, and reminds one of the thrush of children. In the first few days it is treated with most success with aconite, but afterwards with carbo vegetabilis. In the second or ulcerated variety, after considerable fever of two or three days continuance, during which the tongue is thickly coated, with red edges and tip, there form on the tonsils, which are rounded and protuberant, small, white, raised pimples, like pin heads, accompanied with considerable shooting pain on swallowing. After a few hours they burst, and now form as many white, or, in bad cases, grey ulcers, the size of hemp-seeds, and flat. They increase in size and painfulness till the 5th day, and often dip between the lobules of the tonsils. At the same time, there is swelling of the submaxillary glands, a considerable increase of the secretion of saliva, a metallic taste, and foul breath. After a few doses of

aconite the first days (and one dose of mercury on the 3d),* nitric acid will be found the unfailing specific for this kind of sore-throat. Often a few hours suffice to effect a diminution of the whole symptoms; the ulcers acquire a red bottom, are less painful, and begin to heal, while the tonsils gradually subside. If, however, in scrofulous subjects, the complaint returns repeatedly, and be not treated homœopathically, the tonsils remain in a permanently enlarged state, from the exudation of pseudo-plastic matter; and the great inconvenience arising from this, can only be remedied by a partial removal of the amygdalæ. At least, I consider this less hurtful, and more sensible, than the employment of iodine in large, and yet so-called, Homœopathic doses.

Of inflammatory quinsy, not connected with malignant scarlatina, I have only seen two cases. In both, one or several abscesses formed, attended with very acute pain and intense fever, preceded by giddiness, pressive headache, sopor, and singing in the ears; deglutition became impossible, and the breathing seriously obstructed; and on the 9th day the abscesses burst, and, instead of pus, discharged a brown-coloured fetid ichor, with large flakes of disorganized cellular tissue. The openings were from the first very large, and surrounded with portions of gangrened mucous membrane.† In one case, in a sickly girl of 20 years of age, in whom exhaustion had proceeded to the greatest length, and the fever was plainly of the nervous character, with delirium, subsultus, &c., I had, so long as she could swallow, fruitlessly employed valerian, serpentaria, camphor, china, and afterwards injections of china and camphor, acids, &c. At last, I gave, after a short interval, several doses of a dilution of carbo-vegetabilis (I had just become acquainted with the antipsoric remedies), placed upon the tongue; in a short time an improvement took place in the

* In severe cases, I have not succeeded with mercury alone, which corresponds so well to the symptoms. Nitric acid, however, acts much more rapidly after mercury than without it.

† It bears the same relation to the phlegmonous angina as carbuncle does to furuncle, and seems, like it, to depend upon exhaustion of the nervous force.

general feelings of the patient, and before long, a gradual process of cure commenced. The second case was also that of a weakly nervous girl, of the same age as the former. In this case, a large abscess, formed upon the soft palate, close to the left tonsil; the pulse was extremely feeble; there was considerable sopor, and great muscular weakness, so much so, that it was a great effort to the patient to change the position of her arm. At first she got belladonna; and when suppuration set in, silica. On the 9th day, a quantity of ichor was discharged from a large opening, together with small portions of sphacelated cellular tissue. I now gave rhus I., a few doses of which brought about a marked improvement in the feelings of the patient, which was speedily followed by a healthy reaction and a rapid cure.

In the highly dangerous sore throat which accompanies malignant scarlatina, with the discharge from the nose of foul ichor, the amygdalæ swelling into hard tumours, often as large as apples, with difficult snorting breathing, enlargement of the neighbouring glands, remitting pulse, and sopor, the only treatment which I have found of avail, was a constant and rapid alternation of lycopodium and nitric acid, with aconite and belladonna. It is necessary, in these cases, to depart from the usual rule, and administer a dose at least every hour, or even oftener, to rouse the vital force, so apt to sink in the rapid course of the disease, to new efforts, and so to struggle on to the 5th or 6th day; otherwise one may be sure of losing these patients. I give one of the above remedies for several successive hours, and then pass on to a second; so that a medicine of short action is made to follow an antipsoric; for example, aconite after nitric acid, belladonna after lycopodium; which last acts admirably as a check on the coma, while nitric acid corresponds to the often alarmingly obstructed breathing. I give aconite and belladonna, as answering to scarlatina in its pure form. The results have justified my procedure, at least in my experience, for in the last epidemic of scarlatina in 1839, I did not lose any of this description of cases.

REVIEWS.

1. *Homœopathy Unmasked, &c.* By ALEXANDER WOOD, M.D.
2. *Defence of Hahnemann and his Doctrines, including an Exposure of Dr Alex. Wood's "Homœopathy Unmasked."*

"I found everywhere snares that might entrap, and colours that might deceive, the simple; but nothing that might persuade, and very little that might move an understanding man, and one that can discern between discourse (reason) and sophistry." This is the motto Dr Wood has chosen for his little book, whereby we learn, that, in his own opinion, he is an understanding man, and one able to discern between "discourse of reason" and sophistry; and, further, that he found nothing in Homœopathy worthy of attention—found nothing but sophistry. The motto to the Defence is this,—"An essay, shewing that an author is the better of knowing something of the subject about which he writes." From which it would appear that the writer does not think Dr Wood an understanding man; and in that "Defence," to our apprehension at least, it has been already shewn, that Dr Wood is in a state of happy ignorance of the method of medical practice he dreamed of putting an end to by his fancied "discourse of reason."

We have thus the attack and the defence, the blast and the counterblast; and we should be well satisfied that the inquirers after the truth of this matter should read Dr Wood's attack, and then the defence. This would prepare them for a careful study of the whole subject.

The assailant in this instance having more valour than discretion, and too much self-esteem to estimate the resources of his opponents, has made a bold dash, and found a misadventure; he meant to overthrow, and has met with a fall; he thought to find easy victims, and has caught a Tartar. We can afford to pity him on account of the severe chastisement he has received, though we may be compelled, in noticing his book, and the reply to it, to renew the smart of the infliction.

It is gratifying to us, to find that the attention of the medi-

cal profession, as well as of the public, is turning to Homœopathy. We shall be glad to see many more attacks, but hope, for the sake of the professional character, that future opponents may at once be more able and more liberal than Dr Alexander Wood. The "*Veni, vidi, vici*" sort of victory, is not one that confers much glory; to have had a worthy opponent greatly enhances a triumph. We consider the author of "Homœopathy Unmasked," to have been so entirely crushed by his powerful antagonist, that we expect to hear nothing more of him. We shall endeavour briefly to exhibit the Lilliputian in the grasp of the giant.

To those who may think Dr Wood has been treated with merciless cruelty, scalped after the Indian fashion, we shall merely observe, that he has in one place designated Hahnemann, whose genius and perseverance he acknowledges, as "an immoral, filthy, and licentious scoundrel." This is asserted of a man who was remarkable for the purity of his life, and said without the slightest warrant. We unfeignedly pity Dr Alexander Wood for daring "to ascribe the growing popularity of the Homœopathic doctrine to a prurient imagination, delighting in obscene details, and to charge its professional representatives with pandering to this." This is a charge so false and so unfounded, that he must himself, if he has a grain of decency in his composition, be heartily ashamed of having made it. On this subject he has shewn himself very *nice* indeed, probably from his ignorance of Dean Swift's definition of a nice man,—"a man of nasty ideas." We only say to him—Be ashamed.

Dr Wood asserts, in his introduction, the readiness of the medical profession to entertain and investigate any new discovery that may be proposed to them. "There is no new discovery which promises to be beneficial—no new science which promises, however remotely, to advance the healing art, that we do not eagerly investigate, and practically submit to the most calm and searching inquiry." How Lady Mary Wortley Montagu was treated for introducing the practice of inoculation into this country—in what a spirit Harvey's discovery of the circulation of the blood was received—in what

a light Jenner was regarded when he proposed vaccination,—let history attest. The virulence of the opposition of the profession to these innovations, is a matter of notoriety. Inoculation was forced on them, in the first instance, by public opinion, and vaccination afterwards. As hounds after their game, so eager were the medical men of her day in worrying Lady Mary, whose life was for a time embittered by them. That Hahnemann should suffer, like Harvey and Jenner, from the detraction and enmity of the profession, was to be expected. But though Homœopathy is now *settled* in every European country, is extensively practised in North America, and has reached the "Eastern and the Western Ind," Dr Wood takes upon himself to assert, that it has not been eagerly investigated by himself and others of the profession, "because its statements can be disproved by their opposition to facts already known, and by their contradiction of one another; and, therefore, they do not require the test of experiments to disprove their absurdity." As if the experience of at least a thousand men, of as good or better medical education than himself, of as good or better faculties, should go for nothing! "*Omne ignotum pro absurdo,*" should be his reading of the proverb.

Dr Wood asserts in his introduction, that "it is a fundamental proposition in Homœopathy, that if it be true, medicine must necessarily be false." What does he mean, and where has he found that proposition? "Again," he says, "if we admit the theory of Homœopathy, then the large proportion of what are established facts must be denied,"—read theories for facts, and there is some sense in his observation.

Again,—"it has been argued, that there is much in medicine which we can neither deny nor explain; it must, however, be remembered, that it is one thing for a fact to be incapable of explanation, in the present state of our knowledge, and quite another, for it to be opposed to reason and common sense. If we have succeeded in proving that the statements of Homœopathy are so opposed, then they are not, of course, to be believed on the same amount of evidence, on which facts inexplicable, yet not contradictory to reason, might be received." What does he mean by reason and com[illegible]! The African prince would not believe the travell[illegible]

him of frozen streams over which people could walk; and our readers will remember the woman in the tale, who could not receive her sailor son's report of the flying-fish, yet believed him when he told her, that one of Pharaoh's chariot-wheels was drawn up on the fluke of his anchor.

Let us hear the defender of Hahnemann and his doctrines, on one of these points.

"Let us ask what he means by *medicine*. It is plain that he has not the remotest suspicion, that medicine is made up of a *science* and an *art*, else he could not have fallen into the extravagant folly of conceiving it to be a fundamental principle in Homœopathy, that if it be true, medicine must necessarily be false. Medicine, as a *science*, includes the anatomy and physiology of health,—the chemistry, natural history and botany, of the materia medica,—the anatomy and physiology of disease, and the theory of therapeutics, or the operation of remedies; and, as an *art*, it consists of rules for distinguishing diseases, and for the selection of remedies appropriate to each. Now, of this category, the first seven contain facts and doctrines, as taught by the ordinary lecturers (*i. e.* those who know what they lecture about) in our universities and schools, quite as valuable in the eyes of the Homœopathists as in those of the common practitioner; nay, as we shall shew by and by, some of them, and especially the anatomy and physiology of diseases, are of immeasurably greater consequence to the former than to the latter; because, as he possesses means of cure, which demand a nicer adaptation to the conditions of disease—because he uses a rifle instead of a blunderbuss, every thing is of more consequence to him that ensures a steadier aim, and a clearer perception of his mark. There is, then, but one department of the *science* of medicine, in which the two systems can be at variance. And in the *art*, of the two sections into which it is divided,—the distinguishing of diseases, and the adaptation of remedies, the former is common in all its details to the two systems; the latter alone can be the subject of any controversy. Nay, the field of contest is not so broad as even this; the old system recognises the practicability of Homœopathy—*similia similibus curantur*—of diseases being curable by medicines which excite similar diseases in previously healthy persons. The opponents of Hahnemann's system repudiate the imputation of being *allopathic* practitioners—of being guided in their prescription of remedies by the principle of opposing to the disease substances which produce conditions and phenomena in the body the contrary of those which distinguish the disease." "Seven-eighths of the *science* of medicine pertain as much to Homœopathy as to Allopathy; and the eighth, as taught in Allopathic schools, admits the *fact* of Homœopathic action; and the only questions which remain, relate to the therapeutic theories peculiar to the old school, and the practice which it recommends."—P. 27.

Let us hear him again on another of these points.

"When men tell us that the doctrine of small doses is opposed to common sense, we must demand from them an explanation of the meaning they attach to the phrase. Common sense is a very respectable arbiter in certain matters that engage only the understanding, but it is an axiom in the physical sciences, that their alleged facts are to be judged of either by evidence or by experiment, and not by reasoning. Common sense, therefore, has nothing to do with the facts of these sciences in any other way than as judging of the evidence which maintains them to be facts; and if common sense were allowed to deliver its judgment on this point, unbiassed by common prejudice and common ignorance, we have no doubt that its honest verdict would be favourable to the obnoxious doctrine."—P. 72.

From want of understanding the distinction which has been drawn between the *science* and *art* of medicine, Dr Wood favours us with this passage:—"Popular experience, statistical tables, and indubitable facts, evidently prove, that, just in proportion as medical science has advanced—*in a direction*, be it observed, *diametrically opposite to that which Homœopathy indicates*—have our bills of mortality diminished, our hospital cures increased, and the value of human life has been raised;" to which he appends an extract from Von Raumer's "England," to shew that the progress of medical science has tended to diminish the number of deaths in Britain. In the particular instance quoted—St Bartholomew's Hospital—the narrow and wretched lanes that were in the neighbourhood have been in a great measure removed—sinks of iniquity have been taken away—better ventilation, better sewerage and drainage, wider streets, and greater attention to cleanliness, have improved the health of the metropolis, and so diminished the bills of mortality. We recommend him to read Dr Hodgkin's Lectures on Health, and he will see that it is not by medicine, as an art, that the great improvements he alludes to have been brought about. To say that medical *science* has advanced "in a direction directly opposite to that which Homœopathy indicates," is a mere absurdity: and Dr Wood must be innocent indeed, if he attributes the great improvement he vaunts of in the health of towns and cities, to a happier combination of drugs, or a more felicitous application of them. In proportion as the practice of medical men of the old school abates its pretensions to the *heroic* cha-

racter, it is of course less injurious. *We* have a law for our guidance in the choice of remedial means; they have none, which is shewn by the absence of any unity of opinion and practice among them in the treatment of disease. Examples of the great diversity of opinion, among their *authorities*, in the treatment of acute diseases, are given by the defender of what has been called Hahnemannism. "And let it be noted that these discordances are not what may be termed of a negative kind, but mostly *positive* and *opposite* in the highest degree. They do not amount simply to the fact of one set of physicians having found to be useless what another recommends as extremely beneficial, but to the frightful circumstance, that what the one has been accustomed to rely on as a valuable remedy, the other condemns as unequivocally injurious. Supposing, then, that the profession is equally divided between the opposite practices, and that the evil which ensues from the one is equally balanced by the good which results from the other, it follows, that the one grand aggregate experience of the old school of medicine exactly amounts to the prodigious result of being as good as nothing."

We next proceed to give a few instances of Dr Alexander Wood's ignorant assertions, and of the tremendous castigation he receives. We cannot help pitying him, while we record his humiliation.

"Long experience has retained three out of the numerous class of medicines supposed to be specific—bark in ague, vaccination in small-pox, and lemon juice in scurvy. As the Homœopathists profess the object of their law to be the discovery of specifics, we naturally expect that, of all medicines, the action of these should be capable of explanation on Homœopathic principles. But is it so?" . . . "We have never heard even Homœopathists pretend that lemon-juice has the power of producing scurvy in a healthy person." . . . . "What analogy, we ask, is there between small-pox and cow-pox? The one is a pustular, the other a vesicular disease; the one is a general, the other a local affection; the one is attended with severe constitutional symptoms, the other exhibits none of these. The one is complicated with affections of the internal mucous membranes; the action of the other

is confined to the skin, and, instead of being general over *it*, is limited to the small point where the virus was inserted." So far Dr Wood: read the reply.

"Thou deep-read lecturer on the practice of medicine! never hear of lemon-juice producing scurvy in a healthy person! has the modern practice of 'teaching in order to learn,' helped you no nearer to the level of the ordinary student? We refer you to Stevens' work on the Blood, where you will find an example of the monstrous absurdity, which has not yet been dreamt of in your tiny philosophy."—P. 40.

In reply to the passage just quoted on the subject of vaccination, we have this rejoinder.

"Now, in the whole course of our experience, we solemnly aver that we never yet encountered a passage, penned by the sorriest dullard, containing, in so small a compass, so complete a revelation of downright, hopeless, ignorance as this. 'The one is a pustular, the other a vesicular disease:' he actually does not know that small-pox, in that period of its course in which the pocks have their only characteristic feature, is vesicular, or that cow-pox becomes, after the eighth day, pustular! 'The one is a general, the other a local affection:' he actually does not know that the eruption of *inoculated* small-pox was often confined to 'the small point where the virus was inserted,' or that cow-pox is apt to become so general an affection, as to cover the quadrupeds from horn to hoof, or that inoculation with virus, from cases of this sort, has been known to produce a general eruption of small-pox on the human being!

"'The one is attended with severe constitutional symptoms, the other exhibits none of these. The one is complicated,' &c. He actually does not know that it was a distinctive character of inoculated small-pox in 99 cases out of 100, and that in casual small-pox it is common enough to have no affection of the mucous membranes, and no severe constitutional symptoms; or that inoculation, with new cow-pox matter, and in some cases with cow-pox matter transmitted, for several months, through a succession of persons, has produced internal and general disease of so severe a nature, as to have proved fatal! We trust that he will improve upon these hints for his next course of lectures."—P. 41.

Dr Wood's assertion that Homœopathy is unsuited to the treatment of "urgent cases," is refuted by the mention of its unequalled success in arresting the cholera: our experience teaches us that this method of treatment is signally efficacious in the most acute diseases. Dr Wilde, who says of himself that he is far from being a Homœopathic practitioner, has, in his interesting book on Austria, admitted, in the most unqualified manner, the superiority of this mode of

treatment in acute diseases over that of the old school—at all events, in Vienna. We know a medical man—at this time a close attendant at the hospitals of Vienna, for the purpose of comparing the results of the two schools—who has made the same admission without the slightest reserve.

"Hahnemann," says Dr Wood, "seems to have entertained the belief, that the *final cause* of diseases being unknown, we ought to go no farther than its external manifestations." On which curious passage his commentator remarks, "Hahnemann says, the *final cause* of disease being unknown! The final cause! Where does that practical genius trouble his head about final causes of disease? We search his works, we rummage our memory in vain. We can nowhere fall in with a single hint that he ever set himself to consider for what end diseases were established. And for our lives we cannot divine why, even if he did, he should consider it a sufficient reason for going 'no further than their external manifestations,' that he could not discover what end diseases were intended to serve. Oh! we see—we have it at last; nay, it can't be possible! A lecturer on the practice of medicine, a Fellow of the Royal College of Physicians, an Emeritus President of the Royal Medical Society, such a dignitary, such a familiar acquaintance of Bacon, and Whewell, and Hales, and Pascal, and Reid, and Bishop Pearson, and Kirwan, and Bentham, and Locke, ignorant of the meaning of final cause! Such, reader, is the melancholy fact. Take warning, ye philosophic daws! He thinks proximate and final causes the same!"

Dr Wood repeats the stale charge that Homœopathists direct their "treatment not against the disease, but the symptoms." This leads to a concise but masterly exposition, by his luminous commentator, on the subject of pathology. We regret that we cannot make room for this admirable statement, but earnestly recommend the careful perusal of it to our readers. It completely disposes of the objection made, in reckless ignorance, by Dr Wood and others of his class, to the Homœopathic practice.

The confounding morbid anatomy and pathology, has been the cause of much idle speculation and false impressions to many medical practitioners. Nor has Dr Wood been so happy

as to escape this confusion. While morbid anatomy has been pursued with great success, the pathological views of medical men are still very imperfect and fluctuating.

"Experience is the only safe guide in the practice of medicine; and whosoever really shapes his course by the light of any existing doctrines in pathology, properly speaking, will find his guide but an *ignis fatuus*, and will plunge himself and his patients in the mire. It is right to engage in researches that promise, eventually, to render our pathological doctrines wiser and better than they have hitherto been; yet, when the work is completed,—when pathology is perfect (in the measure of its capability),—it will be seen that its perfection shall have been due far more to the light which the action of remedies had thrown on the conditions and forces which compose the proximate causes of disease, than the regulation of practice, in any important particulars, shall have been due to the doctrines of pathology; and it will be only the unlearned, when that time comes, who will so far mistake the order in which pathology and practice had moved down the vista of time, as to believe that the former had been the pilot-ship which had guided the more preciously-freighted bark, amidst the dangers of a difficult navigation."

* * * * "Dr Wood, like many other shallow persons in our day, has fallen into the error of regarding *morbid anatomy* as synonymous with pathology; and, as a natural consequence, in the mind of a feeble thinker, without clear views or information, the structural change becomes the *disease*, and acquires, therefore, a substantial form. These structural changes, though, in consequence of their physical nature, capable of giving occasion to secondary effects or physical symptoms, stand in no near relation to the morbid condition of the living parts, which constitutes the primary and essential departure from health, than do the spasms, or pains, paralyses, or alterations of sensation, which are the physiological symptoms. And when they are considered *the disease*, in a different acceptation from that in which the physiological symptoms are, it is because they are themselves, as we have noticed, the sources of certain symptoms; whence it is supposed by the unreflecting portion of the profession, that these being the sources of symptoms (no matter of what kind, or to what extent), we need go no higher, we have got up to the fountain-head,—to the essence of disease. Whereas the intelligent professional reader can hardly hesitate to recognise in them mere *effects*, which may serve all the purposes of ordinary symptoms in guiding us to diagnosis, when they can be distinguished during life, but give us no clearer comprehension of the hidden cause, which is common to all, than we possessed without them,—*that* still remains 'altogether hypothetical.'" * * * * *

"The difference between Hahnemann and the ordinary practitioners, is in nothing more striking than this, that he avoids all speculation on the proximate cause, the hypothetical nature of the alterations in the living textures, from which the symptoms emanate, and is content to be-

lieve that remedies which remove these symptoms effectually, must remove the cause, whatever that may be, on which they depend. Whereas the sticklers for a refined and speculative pathology, though they are fully satisfied that the proximate cause is remedied when the symptoms have vanished, cannot be contented to let them go their way, without 'referring them to a cause which is altogether hypothetical, and then assigning to particular remedies the power of removing this cause;' an example of solemn folly which reminds us of the cunning huckster, who tells his gaping audience that he will not sell his spoons, but that he will sell them a straw, and give his spoons into the bargain."—P. 46.

Dr Wood's mistakes on the subject of the Homœopathic *Materia Medica* are ruthlessly exposed by his commentator; and his facetiousness about the minuteness of the doses is answered by the appeal to experience, and by reasoning, supported by striking illustrations. We can only afford space for one more quotation from the "Defence."

"All extensive and enduring changes in nature are the result of slowly operating causes. Did we only reflect upon the course of the medical art, we should hail, as the most promising of all improvements, the discovery which acquaints us how to ascertain the effects of these substances, which, entering so largely into the constitution of our bodies, must have so great an effect in regulating their functions, and, by the modification of their proportions, be a fruitful cause of deep disease. It is the universal lamentation of physicians, that over chronic diseases they have but little power. Now, is it not obvious, that as chronic diseases arise from some deep alterations in the finest springs of the organism,—alterations brought about by unknown causes, slow in their operation, but all too certain in their result,—so, to cure those diseases, agents must be used equally slow and equally certain in their effect? And, as the cure of these has hitherto been effected more by natural mineral waters, which contain, in minute proportions, ingredients, inert in large quantities, is it not highly probable that the very instances which exert this beneficial influence in those waters may be made available by some artificial process for the same end?"—P. 79.

Every fair reader of Dr Wood's book will be induced to read the "Defence" it has elicited; and as his work led to the publication of that admirable reply, all Homœopathists have reason to feel themselves under deep obligation to the author of "Homœopathy Unmasked." He has described a Hahnemann unknown to us; but his doing so gave occasion to a rapid but lifelike sketch of the Sage we honour. He has declared against a law of healing which professes to be of general applicability—universal, as some have termed it: an explanation is given, in

answer, of the sense in which it is said to be universal. He has imputed indecency to the founder of Homœopathy and the adherents of his school, and immodesty to those who consult them; this impudent and false accusation has been contemptuously scouted. He has attempted to philosophise, and he has been shewn to be only a minnow among minnows. He has declared that the testimony of Homœopathic practitioners is not to be received, because they are interested witnesses; it has been more than insinuated that the interest of Dr Wood, and of the adherents of the old school, is no less engaged in the detraction and obloquy, and over-eager profession of contempt, with which they visit the doctrine and practice of Hahnemann. He is very learned in his attempt to shew what an inductive science demands, and to exhibit the failure of Homœopathy, as claiming that character; he is shewn what an inductive science really is, and that Homœopathy has some claim to the character. He asserts that Homœopathists do not practise according to their own law; he is shewn that they do, and in conformity with right reason. He has been taught how, in paying close attention to symptoms, they do indeed treat disease. He has been convicted of ignorance on the subject of the Homœopathic remedies he holds up to ridicule; he has been advised to be modest on the subject of minute doses. He has been informed that patients have not been "killed by Homœopathic practice, until inappreciable doses were resorted to." He has accused the Homœopathic witnesses of deficiency of knowledge, of disinterestedness, of integrity, and veracity. They have been vindicated, and he has been shewn not to be very knowing, nor peculiarly disinterested, nor very remarkable for integrity and veracity in the composition of that same "*famosus libellus*," in which he brings these charges against them.

Alas, that he who quotes so complacently,

"Felix qui potuit rerum cognoscere causas!"

should have to hide his diminished head, and to apply to himself, at least, part of this verse—

"Olim truncus eram ficulnus, INUTILE LIGNUM,"

Homœopathic Domestic Medicine. By J. LAURIE, M.D. Second Edition. London: Leath, St Paul's Churchyard.

The objections which many men of science entertain to the publication of popular works on medical subjects, the difficulty of treating an art so manifold in its applications, with a freedom from technicality which will be intelligible to those who have not made medicine their special study, and the serious mistakes that are likely to be made by people unaccustomed to the observation of disease from a degree of false confidence too often inspired by such works, are numerous, serious, and weighty enough in themselves, to make the educated practitioner pause before he either publishes, or approves of the publication of such treatises. We confess that it was not without misgivings of this nature that we opened Dr Laurie's book; and anxious to know what a physician of his intelligence had to say in defence of this custom, so prevalent in the present day, we turned to his preface. His reasons are concisely given, and are, "the paucity of Homœopathic practitioners, the refutation, by a statement of the curative mode employed in acute disease, of the vulgar error, that Homœopathy is available only in chronic affections, and the hope that, under proper restrictions, his work may prove serviceable in case of ordinary derangement, and be the means of preventing patients from having recourse to allopathic remedies in trifling ailments, or the incipient stages of more serious diseases, when the aid of a Homœopathic practitioner is not immediately to be obtained."

To us these seem no less satisfactory than forcible, and we now proceed to an examination of the work itself.

The introduction consists of a description of the diet and regimen, the modes of preparing and administering the medicines, both in respect to doses, and as applicable to age, sex, temperament, &c., all which subjects are well treated. The difficult question of the dose has been handled with judgment; and he has not only pointed out the different cases in which the various dilutions are applicable, but has given a clear and scientific exposition of the causes of these differences.

We extract from p. 12 the following remark, which displays one of the incidental advantages of the Homœopathic method, and one which may be made available in domestic practice :—

"NERVOUS FEVER.

"It is sometimes extremely difficult, particularly when it arises from some local affection of the more important viscera, to discriminate at the commencement between a nervous or inflammatory attack, so as to give a decided prognosis. However, in such cases, the marked advantage of the Homœopathic system, is again shewn by exhibiting medicines in accordance with the symptoms that declare themselves. We run no risk of weakening the vital energies, should we err in diognosis, and treat it on its first appearance as an inflammatory attack; or of stimulating the inflammation by what is commonly denominated an anti-nervous treatment, should the precursory symptoms lead us to consider it typhus, and it afterwards assume the inflammatory form."

Under the head of diseases of the digestive organs, we find a remark with which we fully concur, although we fear we shall not be joined by the majority of our allopathic brethren, a great proportion of whom, doubtless, still cling to the once so fashionable doctrine, which refers almost all dyspeptic affections to disorder of the liver.

"Bilious complaints have, of late years, become the popular term for almost all derangements of the digestive functions; and, by common consent, all those disorders have been at once unhesitatingly ascribed to a superabundance or deficiency of the important secretion of the liver. This opinion, although sufficiently plausible on its first appearance, will, on a careful examination, be found erroneous; for, although in the disease which is commonly denominated, in severe cases, liver complaint, this organ is powerfully affected, yet it is generally only by sympathy, and the real seat of the disorder is in the stomach and bowels."

The two last parts of the work, referring to the management of infants and of puerperal women, and the treatment of the diseases to which both are subject, we particularly recommend to the attentive perusal of females who may be called on to act as nurses on such occasions.

The description of the complaints, the chief symptoms characterising them, the medicines most likely to afford relief, and the diet recommended, are all set forth as free from technicalities as possible; and, where attended to in practice, must have a most beneficial effect in reforming a system hitherto

patronised by ignorant and conceited old women, and equally prejudicial to both mother and child.

The following extract from p. 334, is illustrative of Dr Laurie's mode of treating this subject :—

"Frequently, through ignorance, nurses, instead of attending to this warning voice of nature, which, by the sleeplessness of the infant, demands appropriate relief, endeavour to stifle it, and sometimes to free themselves from a little temporary annoyance, administer opiates, which induce an unrefreshing slumber, and not unfrequently a deep stupor, mistaken for sleep, while the original evil still continues to make head against the vital power. This baneful practice has not only been the ruin of many constitutions in after life, but to it, conjoined with diet, drinks, carminatives and other quack medicines, together with the highly erroneous practice—sanctioned though it be by names of medical repute —of a frequent administration of that active mineral preparation, calomel, in infant maladies, to say nothing of laxatives, an infinite number of diseases and deaths are annually attributable. Every mother should not only caution her nurse against the use of opiates, but use her utmost vigilance to detect any breach of her injunctions, which should be visited with the immediate discharge of the person so offending; for she must be wholly unfitted for such an important trust, who, after being warned of its injurious tendency, will persevere in a practice placing in jeopardy the life of her infant charge."

After a careful perusal of Dr Laurie's work, and in spite of the prejudices we entertained against the publication of systems of domestic medicine, we can come to no other conclusion than that our author has done good service to the cause of Homœopathic medicine in this country; and we strenuously recommend it to the attention of our non-professional readers as a book with which the mother of every family should be provided.

To some of our professional friends, and especially those Allopathists who may have their doubts and misgivings with respect to the excellency of their old modes of treatment, Dr Laurie's book will be a guide in commencing the treatment of disease on the principles laid down by Hahnemann, and testing the efficacy of the Homœopathic system of medicine. For we are convinced that one reason of the difficulty of converting men already advanced in life and established in practice, arises in as great a measure from want of time to read carefully systematic works as from a want of inclination. This difficulty, from the portability of the work, will now be obviated.

Eine Stimme aus der Wüste. Von Dr R. V. Vivenot, Pract. Arzte in Wein.
(*A Voice from the Wilderness.* By Dr Vivenot of Vienna.)

Dr Vivenot was well known in Vienna as an accomplished gentleman and fashionable physician. His practice lay chiefly among the higher ranks, by whom he was much esteemed. Some four years ago, when we knew him in Vienna, he treated Homœopathy with well-bred ridicule, looking upon it as a somewhat long-lived delusion, the day of whose favour would soon draw to a close; and so, like many a worthy soul in our own country, he sat and played by the water-edge—"dum defluat amnis; at ille labitur et labetur." And so as the water, instead of subsiding, grew bigger and darker, and already his old friends were afloat upon its bosom, he raises this "Voice in the Wilderness," of which we give the abridgement that appeared in Neumeister's Repertorium for Jan. 1844.

The author bases his observations upon the divisions and confusion of the medical sciences, and the separation which Homœopathy has caused among physicians; by which not only is the science endangered, but the confidence of the patients in their medical attendants is altogether undermined; and he calls upon all medical associations to undertake a rigid investigation and impartial proving of the new system, and that they should strive to bring about a union and fusion of parties into some common one, which would be a sacred benefit to suffering humanity; and so at length we might attain that longed-for object—"disappearance of party, and union of medical operation."

PATHOGENETIC FRAGMENTS.

Poisoning with Strychnine. By Dr Schmied.

A physician, 46 years of age, a martyr to hypochondria and asthma, and living in unfortunate circumstances, took poison (afterwards proved to be strychnine); and very soon after he had taken it he was found dying, senseless, and breathing very deep. *Sectio cadavaris.* The stomach was not inflamed, the liver was turgid with black blood, the pancreas was

dark, the spleen was likewise turgid; in like manner all the vessels of the mesentery and intestines were strongly injected; the lungs were filled with blood, as also the coronary arteries, the right and left chambers of the heart, the vena cava, and pulmonary vessels. The vessels of the head and general venous system were nearly empty.—*Allgem. Repertorium for December* 1843, *published on 25th Jan.* 1844.

POISONING BY NUX VOMICA. By Dr LEONHARD.

The subject of this was a feeble lady 50 years of age, who, for many years, had suffered from an affection of the abdomen, and had latterly used pills made with the spirituous extract of nux vomica. As these became very unpleasant to her, Dr Leonhard prescribed a drachm of the tincture of nux vomica to two ounces of water, and a tea-spoonful of the mixture to be taken 3 times a-day. After the first tea-spoonful the patient was attacked with shivering and inclination to vomit. Five glasses of water, which she drank, instead of alleviating, seemed to aggravate, the symptoms, and the Doctor, on arriving, found his patient with flushed and glowing cheeks (before they were quite pale), fixed look, the eyes often rolled upwards, disturbed features, fast closed jaws, accelerated groaning breathing, with grinding of the teeth. Great anxiety, palpitation of heart, involuntary screaming, opisthotonos and trismus alternately. Embarrassed deglutition, trembling of the whole body, alternating with involuntary springs, and rapid rolling about in the room; the speech was weak, monosyllabic, often unintelligible; the pulse small, hard, and rapid. She improved after the administration of Liquor Ammon. Anisat.; and it appeared that the apothecary had put into the mixture two drachms instead of one.—*Op. Cit. p.* 174.

POISONING BY AQUA LAURO-CERASI.

A hypochondriac, advanced in years, drank one morning about an ounce and a half of Aq. lauro-cerasi, which he had contrived to procure, and at the commencement of the symptoms of poisoning, he denied that he had taken anything. In the course of three hours there ensued palsy of the hands and feet, falling forward of the head, which he was unable to raise, involuntary evacuation of fœces and urine. The extremities were motionless and cold, but not insensible, the pulse small, the voice hoarse, but distinct. It was remarkable that consciousness remained perfect. He observed with joy the continually increasing feebleness, and, in spite of all remedies employed, he died tranquilly in the afternoon, of paralysis of the lungs. On dissection, the blood presented the characteristic striking dark colour, and greasy nature, but there was no smell of bitter almonds perceptible.—*Hufeland's Journal, St.* ii, 1843.

POISONING BY HYDROCYANIC ACID. By Dr H. MEYER of Tübingen.

Dr Meyer instituted a number of experiments with prussic acid on rabbits, pigeons, lizards, frogs, tritons, and fishes, to endeavour to ascer-

tain, if possible, with certainty its exact mode of action on animal life. All these experiments seem to prove: 1*st*, that hydrocyanic acid paralyses the extremities of the nerves it comes in contact with, where it is applied; that is to say, it deprives the part of sensation and motion, thereby causing congestion and increased secretion (this effect is particularly observable about the mouth). 2*d*, It only acts by being taken into the circulation. On putting a ligature on the large vessels close to the heart, although the connection of the peripheric nerves, with their central organs, remained undisturbed, it produced no effect; its action was only visible after the circulation was restored. 3*d*, The fatal effects are not produced with the extraordinary rapidity that has been alleged (in general after the lapse of one minute and a half.) 4*th*, Death by hydrocyanic acid is caused by paralysis of the heart through the blood (almost in the same manner as by the entrance of air into the veins), which always requires about half a minute to be produced. It matters little whether the poison be applied to distant parts or to the heart itself. That this paralysis of the heart is owing to the local action of the blood mingled with the poison, and not a consequence of an affection of the central portion of the nervous system, is proved, on the one hand, by the almost instantaneous paralysis of the heart by the application of the substance to the lungs; and, on the other hand, by the absence of all the symptoms which usually accompany poisoning of the whole nervous system. Amphibious animals, in which the action of the heart is less necessary for the support of life than in warm-blooded animals, are, consequently, killed more slowly by hydrocyanic acid. 5*th*, The proper poisonous effects of hydrocyanic acid consist in an affection and paralysis of the nervous system after previous excitement, exactly analogous to the effects of the other narcotic poisons. (?) In order to produce this specific action, and not the local one, the author gave the poison in the requisite quantities, but with the precaution of preventing its action on the heart. The symptoms thus produced were,—tetanus, congestion of the venous system, and exudation into the serous sacs (shewing paralysis of the nerves of the bloodvessels). Although it is generally imagined that the blood does not coagulate after poisoning by prussic acid, yet the author saw coagulation of the blood take place in every animal poisoned; it took place, indeed, very rapidly after its removal from the vessels. The author never observed any change in the blood-cells.—*Arch für phys. Heilk. Jahrg.* 11, *Hft.* 2.

CASE OF POISONING BY CANTHARIDES. BY H. D. DUNNEL, M.D. Taken from the "Homœopathic Examiner," Vol. iii., No. 5, p. 145.

On the 26th September 1841, a boy of 12 years of age was brought to me by his father, on account of some suspicious symptoms of disease, which had given him great perplexity. To-day he has been informed by one of his schoolmates, that several of them had conspired together, and given him, three weeks since, an apple in which they had inserted a

quantity of Spanish fly. He recollects eating it, and has not felt well since. For several days past, the following symptoms have been gradually coming upon him, and how they have arisen he is unable to describe, only that they have increased from day to day, ever since. The symptom for which he sought my advice more particularly is a tumefaction of the prepuce, of a red, hot, and diaphanous nature; a plumosis. It is not as large to-day as yesterday: it was then the size of a small hen's egg, it is now that of a large walnut, and there is issuing from beneath it a purulent secretion: day before yesterday commenced great soreness in urinating, which is rather less to-day. The plumosis began yesterday; complains of pain and stiffness of his limbs; is continually tired, and more especially on the *right* side of the body; numbness of the arms and legs. Headache, with dizziness. His head and his brain feel stiff to him. The right half of the face is quite swollen. Eyes weak and watery, to which he is subject, but now the letters on the paper are green and yellow; cannot distinguish an object until he nearly closes the lids, and shakes the head two or three times. The conjunctiva slightly suffused. Has an incessant drumming in the ears. Nose swollen; red and sore in the interior; several itching burning vesicles upon it; constant stench before the nose, that passes down his throat; burning soreness of the throat, which is inflamed. Loss of appetite; no sickness of stomach, nor tenderness of the epigastrium. The bowels seemed unaffected; painful tension along the inguinal canals, and testicles and around the pelvic region; has a yellow spot, of the size of a two-shilling piece, on the abdomen, near the umbilicus, and another on the inside of the left thigh. Violent jerking of the heart, that runs quite to the head; is constantly cold; cannot sleep at night on account of the cold, although he is very sleepy. Is alarmed and agitated; the chillness awakes him at two in the morning, and he can sleep no more. Feels worse when out in the air. Cardialgia and sour eructations, especially after drinking. Sept. 27.—The lad was to see me to-day; continues much the same, only the legs are weaker. The rending pains in the arms are not as severe as yesterday. The pelvic region and the testicles are very much distressed. The penis, and most especially the fore-skin, is covered with small blisters, similar to the commencement of a blister from Ung. epispartic. The prepuce is not as much swollen. Throat very painful. Chilliness continual. Has taken camph. spts. gtt. x. every four hours, and is to continue its use.

28th.—No relief. The whole penis covered with itching blisters, that break and scab, much more numerous than yesterday; was not so chilly last night, but could not sleep.

29th.—The stiffness of the right arm and weakness of the legs continued; slept last night; sight rather better; the itching of the vesicles upon the penis is greater, and the dragging pains of the spermatic cord are worse. Bowels move daily; no eructation or heartburn. Takes camphor every hour.

30th.—The swelling of the point of the nose increased, and has new itching vesicles upon the left shoulders, and one on the extremity of each elbow, about the eighth of an inch in diameter.

Oct. 22d.—Has not slept these two nights on account of the itching of the vesicular eruption, which has spread over his legs; his fingers have several upon them. The plumosis has mostly disappeared. The secretion is covered with vesicles, some of which have broken and scabbed, and discharge a puriform secretion. The nose is very much swollen in the morning, but diminished towards night. Oct. 4th.—Very lame, more so than ever; the eruption over the legs has increased, and is very troublesome. Oct. 5th.—Lameness of legs unabated. The arms relieved but the soreness of the eruption increases, the itching not so intense. Itching of the eyelids; the eruptions on the legs have scabs, and underneath is purulent matter. Sleeps in the fore part of the night, but wakes at twelve; seems as if it were impossible to sleep any more; falls asleep at two, and wakes at about half-past three, and cannot get to sleep again. He is constantly dreaming of quarrels and fights with the boys, in which he beats in their heads with his fists, and is covered with blood. Talks loudly in his sleep. Taste in his mouth of resin or pitch; no appetite; the least particle of food satiates him. Is so intensely sore over his body, that he cannot endure his brother, who sleeps in the same bed, to touch him. Thinks he feels as if the bones of his legs were rotten. In the morning has intense itching of the palm of the left hand; always feels a pricking where the blisters are about to appear. The vesicles on the shoulders are spreading. Oct. 8th.—The arms, legs, and eyes are easier; sleeps at night. The itching of the eruption continues very severe at night, and comes as suddenly as if it were a shot. They smart in the day, but itch at night. The scabs fall off, and leave a smarting of the skin underneath; urinates freely. Numbness of the right hand continues. The yellow spots on the abdomen and legs still continue. He says that he is all the time uneasy; he must be doing something or another; he snaps his fingers or picks them; his limbs move about in spite of him. He remembers a little girl who lived opposite to them two years since, and who had the St Vitus's dance, and he acts and jumps as she used to do; he must keep his hands and feet cautiously jerking about. From this time there was a gradual abatement of the symptoms, and as I did not see him but once in four or five days, I have not been so particular in noting the further progress of the symptoms. They had not at all disappeared until the forty-eighth day after the injection of the cantharides. I have been particular in mentioning many circumstances, perhaps, that would seem to a casual observer unnecessary, but I have ventured to be prolix rather than alter materially the very language of the patient. It was at the time an interesting case to me, as I hope it may prove to yourself, and your readers; because it confirmed in my mind the accuracy of the pathogenetics, as given by Hahnemann.

It will be seen that the symptoms lasted longer than is stated even in the last edition of Jahr, which gives it a duration of twelve days longer

than the previous edition, notwithstanding he was kept under the prescribed use of its reputed antidote, camphor.—I am Sir, yours, &c., HENRY G. DUNNEL.

ARSENIC IN SKIN DISEASES (THE LONDON MEDICAL GAZETTE FOR MAY 5. 1843.)

The *modus operandi* of the arsenical preparations, as of most other medicinal agents, is unknown to us. We are only acquainted with their secondary effects, which manifest themselves most unequivocally on the digestive, nervous, and integumentary systems, on all of which they act as exciting or stimulating tonics. When arsenic is being given in medicinal doses, one of the earliest constitutional symptoms produced by it is an acceleration of the heart's action: this, as Dr Duffus has remarked, and as I have had occasion to observe, sometimes becomes quickened in the course of a few days after the administration of the mineral has been commenced, by 10, 20, and even 30 beats in the minute, the pulse acquiring, at the same time, a hard and somewhat wiry feel. This acceleration of the pulse is particularly observable in individuals of sanguineous or sanguineo-nervous temperament, in whom the heart's action is readily excited under the influence of physical exertion or of mental emotion. In some cases before, but in most, after this, increase in the rapidity of the heart's action, evidences of some degree of irritation about the mucous membrane of the stomach, will manifest themselves; there will be more or less thirst; the tongue will become coated towards the centre and root, with red sides and tip; there will be loss of appetite and a sense of weight at the epigastrium; the patient, about the same time, will complain of heaviness and pricking sensations about the eyelids, with flashes of light before the eyes when they were closed, and after a time the eyelids will become puffed and droop, giving the countenance a peculiarly melancholy and care-worn appearance: there will also be more or less headach experienced, chiefly over the eyebrows and lower part of the forehead; this pain in the head is, indeed, very frequently one of the first symptoms indicative of the medicine disagreeing with the system. The patient will also very commonly complain of confused and horrible dreams; this is more particularly the case with children, in whom, as the nervous system is very excitable, there is a natural tendency to irritation and disturbance of it. Girdlestone has remarked, that, in some cases, the skin assumes a uniform lobster-red colour, that erysipelas comes on, or that phlyctænæ and pustules make their appearance when the arsenic disagrees. I have very frequently had occasion to observe that the disease of the skin for which the medicine may have been administered, more particularly if it be a case of chronic eczema, this evinced a decided tendency to increased action; the patches becoming red and irritable, shewing that the integuments partake in the excitement that is induced in the system generally by the employment of these preparations. If the use of the arsenic be still per-

severed in, which, after one or more of the symptoms which have just been detailed, have manifested themselves, should never, under any circumstances, be the case, we shall find that great irritation will supervene about the mucous membrane of the stomach and throat; there will be nausea, vomiting, and total loss of appetite, the headache will increase in severity, the urine will become high-coloured, the countenance, which has become pale and sallow, will assume a remarkable sorrowful and anxious cast, tremors of the limbs come on, with an occasional feeling of faintness, and the foundation of incurable and permanent disease may be laid in the digestive organs or nervous system. It must not, however, be expected that all these symptoms should shew themselves in every case in which the remedy has been pushed beyond its utmost limits as a medicine; far from it: in some instances the first symptoms that we notice, indicative of the medicine having begun to disagree, and of its employment having reached those bounds beyond which it cannot with safety be carried, is a degree of thirst, and a feeling of oppression about the epigastrium; in others, pricking sensations about the eyelids, and flashes of light before the eyes; in others, again, and this very commonly, headache, with disturbed dreams; and usually antecedent to, or at all events coincident with, any one of these symptoms, will be found an acceleration in the pulse. The occurrence of any of these symptoms should be an instant warning to the practitioner to diminish the dose of the arsenic, or to intermit the use of the remedy altogether. If the patient be of a lymphatic temperament, or is somewhat advanced in years, of a languid debilitated habit of body, and the symptoms of excitement, local or general, be but trifling, it would be sufficient to diminish the dose to one half of that which is being taken, and to watch carefully the effects of the reduction before taking away the remainder. If, however, the patient be of a sanguine or sanguineo-nervous temperament, if he have been taking the arsenic for a considerable length of time, and if the symptoms of local disturbance be very unequivocal, it will be more prudent to leave off the use of the medicine for a few days, to give some saline aperient, and then, if it be thought expedient to do so, to recommend it in smaller doses. * * * * *

In illustration of the bad effects that may result from the injudicious use of the preparations of arsenic, I may mention that I have at present under my observation a young lady, of a highly nervous temperament, but otherwise perfectly healthy, and without any hereditary disposition to disease, who, whilst suffering from an attack of psoriasis of the legs some years ago, was advised to take Fowler's solution, which she did, in the hopes of speedily getting rid of, to a delicate female, a disgusting affection, to such an extent, without the knowledge, however, of the medical attendants, that she brought on extensive derangement of the stomach, which was followed by a violent neuralgic attack, together with, at a subsequent period, a distressing train of hysterical symptoms, which

have terminated in a state of dementia that, having now existed for nearly four years, may almost be looked on as incurable.

[We are always pleased to see papers on the physiological action of medicines, and have therefore transferred the above to our pages; but while it is interesting, as confirming the experiments made by Homœpathists on arsenic, we cannot help expressing our regret, that the writer did not study the splendid proving of this substance in Hahnemann's Materia Medica, before giving publicity to his observations. He would thereby have been enabled at once greatly to extend, and not a little to correct, his knowledge of the action of arsenic.—EDS.]

PATHOLOGY.

A CASE OF ACUTE TUBERCULOSIS OF THE MEMBRANES OF THE BRAIN, THE LUNGS, AND LYMPHATIC GLANDS.

Observed by Dr DRAZIC, Assistant Physician to Dr SKODA of Vienna.

[We give the full details of this cure, of a pure and very interesting disease, and would wish to direct the attention of practitioners to it; for, from the difficulty of the diagnosis, it is not improbable that it is often confounded with other diseases, which it not unfrequently simulates. At the Homœopathic Hospital of Vienna, we had an opportunity of observing a case of acute tuberculosis, which so closely resembled the typhus fever of the Continent, that it was impossible to distinguish the difference. Even the most celebrated diagnosticians admit their incompetency to the task. A notice of the disease will be found in a paper on "The Pathology of Typhus," at p. 342 of the Edinburgh Monthly Journal of Medical Science for 1842.]

B. A., aged 28 years, by trade a gunsmith, a native of Hungary, of a muscular and robust frame, a pale complexion, and described to have been previously healthy. For six weeks the patient complained of severe and constant headache, particularly over the region of the eyebrow and the forehead, which deprived him altogether of rest, and rendered him quite unfit for any hard work. Until now he had not sought any medical aid; and on his entering the "General Hospital" here, upon the 2d of October of this year, the symptoms he presented were as follows: The only morbid symptom which the patient complains of, is severe pressive pain in the forehead and in both eyebrows, which is not increased by any amount of pressure on the part, and never varies in degree. There is nothing else of a morbid character discernible; the forehead does not feel unnaturally hot, and nothing abnormal can be detected in the eyes, ears, or face. From the mouth there comes a most offensive smell, the origin of which cannot be discovered; the tongue is covered with a very thick, white, adherent coat; there is loss of appetite and thirst; the chest is normal; the abdomen, in its whole extent, sensitive on strong pressure. The stools present nothing unnatural; the temperature of the skin is not raised; the pulse is slow and regular. The

patient feels not so much exhausted as giddy, especially on rising. An acidulated drink was ordered, and no diagnosis was pronounced.

The *4th.*—The pain remains the same in every respect; the countenance is somewhat flushed; there have been two stools; the patient feels weak.

The *5th.*—No change. A blister was applied behind the ear.

The *9th.*—The pain is still terrible; the smell from the mouth continues; there is no appetite. Neither the mental powers, nor the power of voluntary motion, are at all affected. Cold embrocations were applied to the brow.

The *11th.*—The weakness has increased; the patient cannot sit up in bed. The headache is still most severe, especially in the supraorbital region; there is a slight cough, with a little mucous expectoration.

The *12th.*—Still dreadful headache, constipation, dysuria; the pulse more rapid than natural. The patient has several times vomited small quantities of thin greenish-yellow fluid. There is unnatural sensibility of the abdomen; no alvine evacuation, nor any passage of urine.

The *13th.*—No more vomiting; the patient lies with his eyes constantly closed; no consciousness of anything; pressure on the eyebrows and forehead excites no pain. He cannot swallow; and there have been no evacuations.

The *14th.*—Hydrocephalic symptoms have developed themselves; the right eyelid perfectly paralyzed, its pupil manifestly dilated; consciousness, sensibility, and power of voluntary motion entirely suspended; the mouth is open at its right side; the breathing is slow, stentorious, and difficult; no cough. The temperature of the skin fallen; the pulse very rapid; no stool, nor any urine passed. Death ensued on the night of the 14th of October.

Dissection.—The body was of strong osseous build, and very muscular; the pupil of the right eye dilated; the neck and the limbs rigid; the thorax arched; the skull compact; some coagulated fibrine in the sinuses. The arachnoid vascular; the *pia mater* on the left side, especially along the sinus, and to a much larger extent on the right side, in the temporal region, was permeated (durchwebt) by an exudation, partly hæmorrhagic, but more yellow, granulated, tuberculous, around which it was soaked by a greenish-yellow serum. The substance of the brain was soft; in the ventricles there was half an ounce of grey turbid serum; the choroid plexus was pale; the *dura mater*, at the base of the skull, was irregularly infiltrated with serum, especially around the decussation and infundibulum.

The neurilema of the optic nerve and of the *motor oculi* was vascular, that of the *motor oculi was injected, of a dark-red colour, at the part between where it leaves the brain, and where it penetrates the skull.* The left lung was free, the right one was firmly united at the top to the parietes of the chest; the substance of both did not collapse. Pale, with little blood; at the top of the right upper lobe, there were calcareous tubercles, surrounded by condensed tissue of the lung; at the lower part, as well as at the top of the left upper lobe, groups of grey fresh tubercles, the

size of a millet or a hemp seed. The liver was pale, with little blood; at its inferior margin an old acephalocyst, the size of an egg. The mesenteric glands around the pancreas were converted into a cheesy mass, the size of an egg. The spleen and kidneys firm; the bladder distended, and containing more than two pounds of urine.

Oster. Med. Wochenschrift, No. 46, 11th Nov. 1843.

SCHÖNLEIN ON PSORA.

The following extract from a clinical lecture by Professor Schönlein of Berlin, reported in the Medical Times of April 27th, will be read with interest by every disciple of Hahnemann. It will be observed that he tries to detract, as much as possible, from the merit of the author of the *Psora theory;* but this was to have been anticipated from one enamoured of the dogmas and prejudices of the old school, from whom it was too much to expect that he would render the impartial tribute of praise due to the genius and originality of our great master. That Hahnemann did not consider himself the first to direct attention to the fact, that suppressed itch is sometimes followed by more serious diseases, is evident from the number of cases he cites from medical authors of all ages, who had observed this to be the case; but that he was the first to assert that a large number of chronic diseases, and some of these the most frequently met with, had no other than a *psoric* origin, we think few acquainted with his writings will be disposed to deny. Whether facts sufficiently justify his opinion, this is not the place to determine, but the testimony of that able pathologist and acute observer, Professor Schönlein, as to the existence of such diseases, goes a great way to corroborate the truth of the Hahnemannic doctrine.

"John Schulz, weaver, 34 years of age. The patient states that he had enjoyed good health previously, and had always worked in a spacious room. About 9 years ago, however, he was attacked with the itch which lasted for three years, and was then cured in this hospital by the application of the sulphur ointment. Little itching spots were, subsequently, occasionally observed by him between the fingers, especially when in bed; they, however, soon disappeared. He dates the commencement of his present disease about nine months ago, when he complained of oppression of the chest, difficulty of breathing, weariness, palpitation of the heart, &c., on more than ordinary exercise, as, for instance, on running, ascending the staircase, &c. &c. During the last five months, the disease has assumed a more violent character.

"On examination of the chest, which, to judge from the statement of the patient, seems to be the seat of the disease, it was immediately evident that the beat of the heart extended over a larger space than in the normal state; the cardiac region also seemed to be unnaturally distended. The jugular veins were greatly dilated. On applying the hand, the pulsation of the heart was found to be wide-spread and irregular. When I saw the patient yesterday for the first time, a peculiar

purring sound was present, which to-day has disappeared. A distinct and strong bellows-murmur, too, is audible on using the stethoscope, together with a slightly increased impulse of the heart, in the mammary region, somewhat to the left of the nipple. On comparing this phenomenon with the radial pulse, which is irregular, weak, and fluttering, there can be no doubt but that we have here to deal with an affection of the valvular apparatus of the heart, that is to say, of the valves at the commencement of the aorta. We, moreover, perceive that the heart pulsates over a greater extent than natural, whilst percussion gives a dull sound towards the left; this denotes an enlargement of the left ventricle; and taking the force of the pulsation into consideration, we also seem to have a simultaneous thickening of the muscular substance. An examination of the lungs likewise became necessary, on account of the cough of the patient. Nothing abnormal can, however, here be discovered. The appetite is good, but a sensation of fulness and distension is experienced in the region of the stomach after meals, (to use the expression of the patient, "he feels as if a sausage were deposited there.) Besides this, the left lobe of the liver, covering the small curvature of the stomach, is enlarged; the stools are regular; the urine limited in its quantity, and of a dark colour; slight perspiration. The feet are rather swollen, especially towards the evening. We have now given an outline of the existing malady: it consists in an affection of the aortic valves, hypertrophy of the left ventricle, with simultaneous enlargement of the left lobe of the liver, and commencing hydrops. Let us now search for the causes of this complaint. The previous history discloses no other disease than the itch. The fact of sequelæ to the itch, that old medical dogma, has, in modern days, not only been considered doubtful, but has been abandoned, and even ridiculed. Of the older physicians who have written on these sequelæ, we may especially mention Autenrieth, who published (1807) a most excellent essay on this subject; and we cannot, therefore, help wondering at Hahnemann, when he asserts that he himself was the first who directed attention to the *after*-diseases of the itch. The discovery of the acarus of the itch has thrown a doubt over this subject. That this insect exists is certain; I have seen it myself often; but I must beg to differ from the assumption, that its existence invalidates the old dogma of sequelæ in the itch. I will not take my stand solely upon old facts and observations; nor even upon the fact, that if another disease take place after the disappearance of the itch, this disease ceases to develope itself, or is even totally removed, so soon as the itch again makes its appearance. I will merely direct you to the ground taken by the antagonists of the doctrine. How does the itch develop itself? Small spots first exhibit themselves from which the itch pustules are formed. The existence of the acarus of the itch, however, at the first appearance of the itchy spots has not been proved; we might, then, call this a *filius ante patrem*. An evident contradiction. Again, the disciples of Raspail do not go so far as to assert that all itch pustules are provided with this insect. If

the acarus be the cause of the disease, why is this insect not present in every pustule? For it is a well established fact, that it has only been found in the recent eruption of the itch, and not after it has existed for some time. The argument, that itch may be produced by the inoculation of the insect, is by no means a proof; for some of the contagious matter of the itch might have been transferred with the insect. To render the experiment conclusive, it would be necessary to bathe and cleanse this microscopical insect; for it is a well known fact, that an exceedingly small portion of contagious matter is sufficient to propagate the infection. The question, therefore, is by no means set at rest by the discovery of the acarus of the itch, as its advocates assert. I will confess that I myself entertain no doubt respecting the existence of *after*, or *secondary* diseases of the itch; and I base this opinion upon my own observations, and on the many observations of older physicians of undoubted credibility. It may not be generally known that an ulceration of the skin, of a peculiar kind, forms itself, especially in old people, principally about the knuckles, or joints of the lower extremities, in consequence of the eruption of itch, (the secretion of which ulcerations is contagious) and which has obtained the name of *ulcus psoricum*—(no one will assert here, that this ulceration was so formed by the itch insect)—and that, if this ulceration is caused to heal up suddenly, internal diseases of a peculiar character are produced, not only such as are created by the drying up of old standing sores, but peculiar forms of disease. This fact apperas to me one of the most striking features in favour of the possibility of *after*-diseases resulting from the suppression of the itch. It is by no means my intention to force any one into the adoption of my views on this subject; but I confess that the reasons, above enumerated, have given me the most perfect conviction that itch is capable of producing *after*-diseases."

* * * *

"The original cause of the disease ought to be particularly attended to, if we wish to treat chronic maladies with any degree of success. The question as to 'whether there may be diseases of internal organs in consequence of itch, which has been forcibly repelled,' has recently been brought upon the *tapis*, more especially since the discovery of the itch-insect, which has been considered as the cause of the disease. The itch, then, was made a purely local complaint; and if such be case, it certaily would be ridiculous to speak of *sequelæ* of this malady; the same as it would be with regard to an individual who had been afflicted with lice, and subsequently cleansed of these vermin, and who should then be seized with a catarrh; the catarrh, in this case, could hardly be considered as a consequence of the removal of the lice. I have, however, already explained my reasons for believing in the possibility of *after*-diseases of the itch. It becomes now, therefore, a question, in the present case, whether the probability can be proved that the itch, which existed in our patient nine years ago, may be the origin of this affection of the heart?

"Many difficulties, as you may judge, will present themselves against the adoption of this view; but the following reasons may be adduced in favour it:—1*stly*, The characteristic papulæ of itch have repeatedly exhibited themselves in our patient, at the usual locality between the fingers, especially when warm in bed; now, it is my opinion that this is a *sequela* of itch. I have particularly observed such eruptions in the spring of the year. 2*dly*, With regard to the long interval between the existence of the itch, and the appearance of the phenomena of the heart, we ought to distinguish between the existence of a disease, and the perception of it on the part of the individual affected. It has been shewn by very frequent observations, that the patient may not have the slightest idea of such disease, even whilst it is clearly proved on examination; this, indeed, forms a very characteristic feature of diseases of heart. This self-delusion, however, is not only found in the chronic, but also in acute, affections of the heart (the very opposite, therefore, to complaints of the abdominal organs). It is a known fact that sometimes in the most intense inflammations of the heart, even of its serous covering, not the slightest sensation of pain is experienced, or, if so, it is occasionally felt at quite a different locality. It is owing to this that the ancients classed this disease among the *inflammationes occultæ*. This peculiarity is still more frequently present in chronic affections of the heart. The existence of it is manifested only in frightful dreams, whilst all symptoms are entirely absent when the individual is awake. Thus, I have repeatedly observed that patients had not the slightest idea of their progressing disease, whilst, at the same time, it only required some trifling incident to produce that perception. For instance, I have seen that such patients, on returning home from their labour, and being about merrily to ascend some elevated spot, were suddenly seized with asthma, and sunk under this attack; or, again, how such patients, when leaping over a ditch during a chase, have been killed by a violent asthmatic paroxysm. It is by no means clear whether our patient may not have suffered from affection of the heart previous to the period from which he dates his complaint; and the great interval which has elapsed since, cannot, therefore, form an objection to this view. 3*dly*, We cannot discover any other cause from which this affection of the heart may have originated. The patient states that he has never been afflicted with rheumatism. It cannot, again, be supposed that the affection of the liver was the primary cause, for disease of the heart which originates from liver-complaints, is very characteristic and well-marked; it is always found in the right side of the heart, which may be accounted for by the physiological connection of the liver with this side of the heart," &c.

PANNUS CURED BY INOCULATION OF THE SECRETION OF PURULENT OPHTHALMIA.

In our review * of Piringer's "*Blennorrhœ am Menschenauge,*" we entered pretty fully into the method of curing pannus by inoculation of the matter of purulent ophthalmia, as first proposed and practised by Jaeger of Vienna; we are glad to see that the subject has since been taken up by medical men in this country, and that a case of pannus has been successfully treated by Dr Dudgeon, of Liverpool, in the above mentioned manner. The history of the case is given in the *London and Edinburgh Monthly Journal of Medical Science* for May 1844. We shall here give an abstract of it.

Catharine Evans, æt. 21, stout and full-blooded. She stands with her head bent forwards on her chest, her brows drawn over her eyes, which are but half open, and wink and water frequently. The eyelids are swollen externally—great photophobia. The cornea is highly vascular, and presents a dull irregular appearance, with some granulations on the superior half. The conj. sclerot. is very vascular. The upper eyelids are internally covered with a mass of fleshy granulations. The right eye is, if anything, the worst. General health good. When two years and a-half old she had measles, and, being an orphan, was much neglected. She was first affected with weak, watering eyes, for which she underwent treatment; but the disease gradually increased, and since her fourteenth year she has not been able to see even large letters, or do any but the coarsest work. She has been subjected to almost every sort of treatment; the granulations have been burned with blue-stone and caustic, and excised; she has been bled, blistered, cupped, purged. The excision of the granulations gave most relief, but that was only temporary. Dr D. introduced into the right eye matter taken from a child affected with purulent ophthalmia, on the 29th September 1843. On the following day, at four o'clock, the patient began to complain of pain in the eye, and the next morning the eyelids were much swollen. The third day the eye began to secrete purulent matter, and the disease ran the usual course, confined, however, to the right eye until the eleventh day, when the left eye became affected, the disease in the right being then on the decline. The blennorrhagic process was still going on, though slightly, on the 8th of November; but after this the eyes gained daily in strength, and lost their vascularity; the granulations entirely disappeared, as also the vascularity of the cornea,—merely a slight haziness remaining at the upper part, which is ordinarily covered with the eyelid, but not interfering in the least degree with vision. Instead of walking in the open air with her head bent forwards and her eyes scarcely open, she now walks erect, and does not experience the slightest inconvenience from the brightest sunshine. She can do the minutest needle-work, and is no longer dependent on the care and attention of others. The treatment, during the height of the disease,

* Brit. Jour. of Hom. vol. i. p. 389.

consisted of leeches occasionally to the temples, a mixture containing *magn. sulph.* and *antim. tart.*, with a collyrium of nitrate of silver or vinum opii, and low diet. Dr D. candidly confesses that he now thinks the antiphlogistic treatment was unnecessarily long continued, but that the alarming appearance of the disease deterred him from allowing the patient to return as soon as she might have done to her usual mode of living.

That this case (independently of the medicinal treatment) is a genuine example of Homœopathic cure, cannot, we think, be denied; every one knows the tendency of purulent or Egyptian ophthalmia to produce those characteristic granulations of the palpebral conjunctiva and the consequent pannus, and in the present instance, where those granulations and the pannus already existed as a consequence of scrofulous ophthalmia, the virus of purulent ophthalmia was employed to effect a cure. It is very desirable that the artificial disease should not be so violent as it has hitherto proved in such cases, and this, we think, might be the case, if virus modified, as previously suggested by us, either by transmission through some other animal, or by dilution, were employed; but this, of course, must remain a mere speculation until further investigation has proved its truth or falsity; in the mean time, we must content ourselves with the above method, which, judging from the statistics * we have on the subject, is apparently very slightly dangerous to the eye, though so formidable in appearance.

Case of Ovarian Disease. By Edward Philips, M.R.C.S.L.

(This first appeared in the Medical Times.)

Emma Southward, aged 20, silk-winder. Lymphatic nervous temperament. Has been delicate for some years. Four years past menses appeared; three or four months after complained of a dull pain in the right side, which increased, and in a short time felt a small hard tumour, with shooting pains, in the right iliac fossa, which gradually enlarged to the size of a hand, when the abdomen became swollen, attended with a uterine discharge, which increased as abdomen enlarged. In the end of June 1843, I examined her carefully; she was greatly swollen; abdomen quite hard and tense, measured 40 inches round; she complained of the following symptoms,—

Burning pains in the stomach, with nausea after food; fulness in the epigastrium; much oppression of the chest, with difficulty of breathing, and palpitation; flatulence; vertigo; eyes heavy; headache; bowels very costive, kept open by medicine; great soreness of the bowels, with pain in right iliacfossa; urine free, but scanty, high coloured; catamenia profuse every fortnight, with much pain in sacrum and down thighs; coldness of the back and extremities; has a constant discharge, with a

* Brit. Jour. of Hom. vol. i. p 390.

bearing down pain; took medicines of various kinds, and used ointments to the tumour without any benefit; abdomen still enlarging.

She was ordered China, to be taken every day for a little, after helleborus.

On the 17th of July she was reported a little better; swelling same, not increased; passes urine freely; flatulence less; still the pains in stomach; catamenia more regular, discharge less. China to be taken as usual.

24. Swelling same; slight nausea after food; bowels quite regular, discharge less. Helleb.

28. Not so well to-day; discharge has come on profusely, with great pain, clotted, black; has pain also in chest and stomach, with a bearing down. China.

On the next report, two days after, was much better, and continued to take China.

August 4. Discharge much less, still continues slight; strength improved. Repeat China every morning.

7. Has shooting pains all over abdomen, most in right iliacfossa; catamenia appeared profuse, with gastric symptoms. Nux vom. at night; China in the morning.

On the 24th was much better; bowels costive; took sulph.; she gradually improved till the 8th of September, when the menses appeared at the regular time, but more profuse than ever, clotted, with a disagreeable putrid smell; sharp cutting pains in the abdomen, with a violent bearing down. Plat. to be taken twice the first day, afterwards at night.

13. Catamenia have stopped two or three days since; skin covered with a clammy sweat of an unpleasant smell; urinates more freely; violent pain all through abdomen, most in right side. N. vomica.

18. Has made much more water; abdomen less swollen; pains continue violent, also in back; skin same. Cont. Remed.

20. Abdomen much less swollen, 6 inches less; pain slight; tumour cannot be felt distinct.

25. Very much less swollen (11 inches); makes much more water; pains violent in bowels. Cocculus and mercurius.

29. She reported herself free of all pains; feels nearly well, but weak. Nux. v. et sulph.

October 6. Is now of natural size; still feels weak. China.

On examination, per vaginam, Os. uteri is found perfectly natural. She rapidly improved and gained strength from this time till the 25th of December, taking occasionally nux v., ars., bry., and merc., for slight symptoms complained of when she ceased taking medicine.

I have seen her several times since she has returned to her work; menstruates regularly, complains of no discharge, and is in perfect health.

HOMŒOPATHIC INTELLIGENCE.

LONDON HOMŒOPATHIC INSTITUTION.

(*From the Morning Post, 16th May* 1844.)

A Dinner, in aid of the funds of the London Homœopathic Medical Institution took place yesterday, at the Albion Tavern, in Aldersgate Street; on which occasion the Earl of Wilton took the chair, supported by Lord Robert Grosvenor, the Hon. C. P. Leslie, Esq., M.P., W. A. Mackinnon, Esq., M.P., Dr Curie, W. Leaf, Esq., Major Jackson, R. A. Gray, Esq., J. C. Prior, Esq., &c.

The usual loyal toasts having been drank with due honours,

The CHAIRMAN proposed "The Army and Navy," and in doing so he alluded particularly to the Duke of Wellington, who, with that judgment and foresight which had so eminently distinguished him in other matters, had perceived the value of the Homœopathic system of medical treatment, and had come forward in its support.

The toast was drank with loud cheers.

The CHAIRMAN again rose and said, that, in proposing the toast which comprised the object they were met to celebrate, he was in some degree relieved from the anxiety he might naturally be supposed to feel to do justice to it, by the consideration, that the facts that would be declared in the report would speak, in language more eloquent than he could command, of the gradual but certain advance of Homœopathy in this country, and of the signal advantages of that system, in relieving the distresses and sufferings that flesh is heir to. The object they had in view was simply this—to give an opportunity, by establishing an institution of this nature, to have the merits of the system fairly tested—(Cheers)—also to have its principles accurately, maturely, and publicly examined. This object was surely a desirable one, and at least it was an honest one. This method of medical practice, which had been adopted extensively in all parts of the civilised globe, demanded a liberal and fair examiniation. (Cheers.) Many a new doctrine had sprung up and been followed for a time, but was shortly suppressed, and remembered only for its absurdity; but Homœopathy had now existed for half a century, and every day and every hour witnessed its advance in this country. He believed that the great work commenced by Hahnemann would require days, and months, and years of labour before it was brought to perfection; but he felt convinced that it only required time and examination for the establishment of its truth. He was anxious to claim attention whilst he read a quotation from a work written by a liberal and enlightened professional gentleman, who, though not a convert to the Homœopathic system, admitted at least the value of the law on which it depended. His Lordship then read a passage from Dr

Milligen's "Curiosities of Medical Experience," in which, speaking of Homœopathy, he denounced the plan generally adopted of denouncing a system of practice without previous adequate examination. These sentiments, the chairman observed, did honour to Dr Milligen, and afforded a proof that the system was advancing, notwithstanding all the obstacles it had had to encounter, and the prejudice with which it had to contend. There was one circumstance mentioned in the report that he thought deserving of especial remark: it was, that during the last three years, seven hundred and thirty-four patients, who have received benefit from treatment in the dispensary, have voluntarily contributed to the funds of the institution, and this, too, entirely among the lower classes of society. (Cheers.) This fact was very encouraging to the supporters of the institution, and, when it was publicly known, he hoped it might induce more enlightened members of the profession to come forward and examine the principles on which the doctrine of Homœopathy is founded. This was his principal object in supporting this institution; and he was sure that all who heard him would participate with him in wishing it might produce that effect. He hoped also that such instances of the benefits derived from the practice would induce individuals in the lower classes of society to come forward to receive that assistance which might, under Providence, change their life to one of joy and happiness, which might otherwise have gone on to the end in sickness and in sorrow. (Loud cheers.)

The report was then read by Dr HANSON. He commenced with a cash statement of the Homœopathic Dispensary, in Ely Place, from its commencement, in 1838, to August 1842, which exhibited a balance of L.866, against the institution. The London Homœopathical Institution in Hanover Square, commencing in August 1842, up to the 1st of May 1844, presented a balance in its favour of L.118, no less a sum than L.1481 having been subscribed and given during the last year. The total number of patients since the establishment of the institution has been 2753, of which number 1180 have been cured, 94 nearly cured, 178 much improved, 458 relieved, 354 treatment discontinued, 148 beginning their treatment, and 53 dead.

Lord R. GROSVENOR rose to propose "The health of Mr W. Leaf," and observed, that if ever an occasion occurred in which it was excusable to break through the rule of temperance prescribed by the Homœopathic system, he might well call upon them to fill bumpers to the health of the gentleman who founded their institution. The reports had alluded to a balance due on the old establishment in Ely Place, and he who paid that balance was the gentleman whose health he had now the pleasure to propose. (Loud cheers.)

WM. LEAF, Esq., rose to return thanks, and was greeted with cheers. He said the benefit he had himself derived from the homœopathic treatment had been such as to induce him to wish earnestly to extend the benefit of the system to all. The first object he had in view in founding

the institution was to alleviate the distresses of those suffering from diseases which had been pronounced incurable. The second object was to shew medical men that diseases considered incurable by the ordinary means of treatment are curable by the Homœopathic system; and the third object was, to give instructions in the system to medical pupils. In reference to the report of the number of patients who had been cured in the institution, he wished it to be known that they were not ordinary cases of patients admitted into hospitals. They seldom saw a case of disease in the institution in its original state. Nine cases out of ten were those in which the patients had been discharged from other hospitals as incurable; and not only so, but they came exhausted by long suffering, and not made more curable by the treatment they had previously received. (Cheers.) Mr Leaf concluded by proposing, as a toast, "The memory of the illustrious Dr HAHNEMANN, the originator of the system of Homœopathy.

The CHAIRMAN next proposed the health of Dr Curie, who returned thanks.

Dr SYDNEY HANSON, the secretary, then read a list of subscriptions and donations, among which were Lord Robert Grosvenor, twenty guineas; Lord Wilton, thirty guineas; Mr Hitchcock, ten guineas; Mr Coles, ten guineas; Mr James Coles, ten guineas; and the Earl of Shrewsbury an annual subscription of two guineas. The announcement of the name of Mr J. Newman, of Glastonbury, as a subscriber of one guinea, was received with loud cheers, as Mr Newman had recently been dismissed from the office of surgeon to the Wells Poor-Law Union, for practising Homœopathy. The total amount subscribed during the evening was L.248, 16s. 6d.

W. A. MACKINNON, Esq., proposed the health of the chairman, who briefly returned thanks, and proposed the health of the medical profession.

Dr EPPS acknowledged the compliment on behalf of his medical brethren; and, in so doing, took occasion to allude to the advantages of the Homœopathic system, compared with the ordinary mode of medical treatment. He said there was no established law in medical practice until Homœopathy was discovered by Hahnemann, whom he considered the greatest benefactor to mankind during the last eighteen centuries.

THE CHAIRMAN subsequently proposed the "health of Mr Newman," which was received with great cheering.

Mr NEWMAN adverted at some length to the circumstances of his dismissal by the Poor-Law Guardians of the Wells Union, and said he had been the cause of obtaining an important admission from the College of Physicians in favour of Homœopathy; for when applied to by the Poor-Law Guardians the objection assigned against him was, not that he practised Homœopathy, but that he practised it exclusively. Mr Newman stated that the poor of Glastonbury were so much in favour of the system, that they continued to apply to him for medical aid notwithstanding his dismissal from office, and that he had established a dispensary for their relief.

The health of the stewards was drank, to which Mr Nesham responded, and soon after the company separated.

The dinner, of which about 140 partook, was admirably served by Messrs Staples, and the festival was enlivened by several appropriate songs and glees. It was determined, ere the company separated, to have another festival of the kind next year.

Homœopathy at Geneva. By H. V. Malan, Esq., M.D.,* Member of the Faculty of Medicine and Surgery of Geneva, &c. &c.

Geneva, which on the map appears a small and insignificant place, is neither the one nor the other, as to her rank in the scientific and learned world. She could not remain behind, when a general impulse was given all over Europe. Nor could she be the only town where Homœopathy was neither known nor practised. Shortly after the Truth in Medicine had been spread over the Continent, it reached Geneva, and that by an incident worthy of notice. A gentleman of this town having received, with a parcel of books, the Organon of Hahnemann, unexpected and unasked for, handed it to *Dr Dufresne*, who, instantly struck with the many truths it contains, set to work, and in the beginning of 1831 raised the standard of Homœopathy at Geneva. He was a man of experience and talent, and who had studied much. The new and brilliant success of his practice soon awakened the attention of many, though the globules seemed very small; but there was so little quackery about the system, that it met with much opposition and great prejudice. Dr Dufresne, however, shewing daily the efficacy and superiority of it over all previous systems, saw the opponents drop off one by one, and a large and increasing number of adherents flock round him. So he continued for many years. He was at the head of a "Maison de Santé" in the country, a large establishment, where he received deranged people, and was successful in his cure of a great number of cases, treated by Homœopathy. Of course, this added to the fame of the doctrine. In 1833 he founded "La Société Homœopathique Gallicane," for all countries where French is spoken, which met either at Lyons or Paris once a-year. But finding this annual meeting scarcely sufficient, and the point of rendezvous too distant, he established at Geneva, "La Société Homœopathique Lémanienne," to meet in this town, or any other in Switzerland, every three months. He also established the "Bibliothèque Homœopathique," a periodical monthly journal, the first book printed in French on Homœopathy.

* We have much pleasure in publishing this letter from Dr H. V. Malan, who was distinguished, when in Edinburgh, as an able and highly accomplished physician, and whose open avowal of his adherence to Homœopathy cannot fail to make an impression on those who knew his capacity to decide on the question, and the high principles which influenced his decision and his conduct in all things.—Editors.

But all his exertions and great activity, added to an extensive and daily increasing practice, hastened his death. He was seized with an acute bronchitis, which made rapid progress in his chest, already suffering from an old asthmatic affection, and carried him off in the 18th of August 1837. His death was a great loss, and would have been an irreparable one, had he not left behind two active and conscientious Homœopathic practitioners, who, shortly after his first beginning, had also set to work, and with him practised the only true medicine. *Dr Peschier*, a man distinguished by his talents and writings, who, since his adoption of Homœopathy, has published many books in its favour, and is well known as the editor of the "Bibliothèque Homœopathique," and *Mr Chuit*, an experienced practitioner, who, though advanced in age, was not deterred by the difficulty and the hardship of studying new books and a new doctrine, but with that conscientiousness which distinguishes him, made himself thoroughly master of the principles of Homœopathy, and has been practising it ever since. The number of patients, which soon applied to these two physicians, spoke highly for the truth and success of their treatment. Every day a new fact enriched their experience; and in the annual report of the "Conseil de Santé," one is struck by the very small number of their patients who have died, compared with the usual rate of the old practice.

In 1842, I was admitted into the Faculty of Geneva, and having shortly after been converted by the many facts brought to my notice everywhere, when travelling, I came back last year and joined openly and publicly my two older colleagues and *Dr Panthin*, who, during my absence, was received into the Faculty, and had also declared himself a Homœopathist. At this moment, therefore, we are four physicians in Geneva, devoted to Homœopathy, and holding fast and high the standard of Truth. Three of us belong to the Faculty of Medicine and Surgery, one to the Society of Medicine of Geneva, and all are united in the same spirit for the propagation of the same truth. A dispensary has been opened within the last year, and the number of its patients augments daily. The increasing practice of every homœopathic physician testifies highly of the state of that doctrine in Geneva. Far from dying off, the Truth in Medicine is rapidly extending throughout the country; many books have been already written on the subject, and a treatise has just been published by one of us, entitled, 'L'Homœopathie est une Vérité, ou les Faits tels qu'ils sont," giving an account of the present state of Homœopathy all over the world. It is spreading its influence beyond the circle of those who are enjoying the beneficial effect of its treatment — it is everywhere changing or remodelling the Allopathic prescriptions—nay, more, many a physician, who will not openly avow his conviction of the truth of its tenets, practises it in secret, giving Homœopathic remedies, and consequently operating Homœopathic cures and wonderful recoveries, under the cloak of Allopathy. This is, certainly, to be deplored, but it shews

plainly that though some will not acknowledge it, they still know the value of a system, which, in their conscience, they can no longer deny.

Geneva has arrived at a critical period, and, before long, the contest between the two opposite systems must terminate, and one or the other triumph. Let us hope that it may be seen in this case, as in all others, that truth cannot die, and must at last, sooner or later, gain the victory.

GENEVA, *24th May* 1844.

Amongst other gratifying proofs of the progress which Homœopathy has made in public estimation in Germany, we may mention that several instances have lately occurred of Homœopathic practitioners being preferred to the honourable post of District Physicians, which implies the confidence of the majority of the inhabitants of the place. Thus Dr Gulyár has been elected District Physician at Somogyer, and Dr Rosenberg at Eisenburg. At the former town it is proposed to introduce Homœopathy into the public prison; the only thing now necessary before it is adopted, being the ratification by Government of the decision of the inhabitants.—(*Archiv*, vol. xx., part 3d, p. 162.)

Note.—We omitted, in the translation of Dr Wahle's article on Encephalitis and Hydrocephalus, to mention the dilutions he employs; and may therefore state in this place, that he has a preference for the higher ones, and has generally recourse to the 30th. The omission of the figure is a matter of comparatively small consequence in the case of most medicines, not altering, if it does not express, the meaning of the writer. In the case of tinct. sulph., however, the change is important, since, without the addition of "30th dilution," it means the *mother tincture.*—EDS.

BOOKS RECEIVED.

A Guide to the Practice of Homœopathy, translated and compiled from the German of Rouff, Haas, and Rückert, with many additions. By EDWARD HAMILTON, M.D. London: H. Baillière. We propose noticing this work fully in our next number.

Homœopathic Domestic Medicine. By J. LAURIE, M.D. 2d edition. London: James Leath.

Defence of Hahnemann and his Doctrines, including an Exposure of Dr Alexander Wood's "Homœopathy Unmasked." H. Baillière, London; Maclachlan and Stewart, Edinburgh. 2d edition.

Domestic Homœopathy, by Dr Epps, 4th edition.

THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

HAHNEMANN ON TRITURATION.

HOW CAN MEDICINAL DILUTIONS SO HIGH AS THOSE USED IN THE HOMŒOPATHIC METHOD MAKE ANY IMPRESSION UPON THE SICK?

By Samuel Hahnemann, 1825.

The vulgar idea of matter still is that it is a dead mass; although out of its recesses can be developed incredible and altogether unsuspected powers.

All new discoveries of such powers are usually met by contradiction and incredulity on the part of those who have neither sufficient acquaintance with physical phenomena nor of the grounds of these phenomena; nor the capacity to observe facts for themselves, and reflect upon their observations. They see, for example, that when a piece of steel is strongly and rapidly rubbed against a hard stone, as a flint, that sparks of fire fly off, and kindle the tinder they fall upon. But how few among them have carefully observed and considered what there goes on! All, at least almost all, thoughtlessly strike their light, and almost no one perceives what a wonderful revelation of nature is thereby disclosed. When sparks are thus struck with sufficient force over a sheet of white paper, then we can perceive, partly with the naked eye, partly through a magnifying glass, small pellets of steel lying there which have been forced away by the smart colli-

sion with the flint, and separated in a state of fusion, fallen red hot, like small fire-balls, in the form of sparks upon the paper where they cooled.

How? Can it be that the friction of flint and steel can produce so much heat as to fuse the steel. Does it not require a heat of at least 1,000 of Fahrenheit to melt steel? Whence comes this enormous heat? Not out of the air, for it takes place as well in the vacuum of an air pump. So it must be produced by the friction of the materials, and in no other way.

But does the matter-of-fact man really believe that the cold steel which he draws from his pocket to kindle his tinder, without a thought about the matter; does he really believe that this cold steel contains within it, latent and confined, an inexhaustible supply of heat which a stroke will instantly wake into active existence? No; he cannot be said to believe it because he never has reflected upon the phenomena of nature; *and he will not reflect.*

And yet it is not the less true that the steel which, when at rest is cold, contains within it an inexhaustible store of heat, which friction alone will release. I say an inexhaustible store of heat, not to be compelled to surpass in my calculations those masters of arithmetic who attempt by the aid of the multiplication table to confine and ridicule the infinite forces which nature displays. The great natural philosopher, Count Rumford, has taught us how we can heat a room by the simple friction of two metal plates, upon one another without the assistance of any ordinary combustibles. No further proof is required to convince the reflecting that natural substances, and especially metals, contain an inexhaustible supply of caloric concealed in them which friction alone will manifest.

Friction has so powerful an effect, that not only the physical properties, as the caloric and odour of the bodies are developed by it, but also the dynamic medicinal activity of the substance is increased by it to an incredible degree. Solid bodies, by repeated and long continued trituration with inactive substances, undergo such an increase of medicinal power that when the operation is carried far enough, even those substances in which for centuries it was denied that any

virtue resided, exhibit a power of affecting the sensibilities of man to a degree quite astonishing.

Thus gold and silver, and platina have no action upon the animal economy when in their natural condition One or even many grains of metallic gold may be taken by the most sensitive person without his perceiving any medicinal effects from the dose. But if a grain of metallic gold be triturated with tolerable strength for an hour in a porcelain mortar, with a hundred grains of sugar of milk, the preparation (*i.e.* the first trituration,) will be found to have gained considerable activity; and if this mode of trituration be persevered in, and a grain of the triturated substance be added to 100 fresh grains of sugar of milk, the preparation will be found to have acquired a much greater power; and if this be repeated fifteen times, every time adding a fresh supply of sugar of milk, and subjecting it to a fresh trituration, (thus giving the quintillionth trituration of the original grain of gold) the last trituration, far from being the feeblest, will be found to be the most penetrating and most powerfully medicinal of them all. A portion of a single grain of this last trituration will bring into a peaceful condition of mind a person in a state of morbid desperation, constantly surrounded by apprehensions of suicide.

These Homœopathic triturations and dilutions, so far from being represented by the fractional division and diminution of the original substances may be regarded rather as actual increments of their medicinal virtue, as developments of their dynamic powers, and as wonderful manifestations of their most intimate forces.

But there are various reasons why the doubter ridicules these Homœopathic dilutions. *First,* because he is ignorant of the wonderful effect of trituration in liberating the internal activity of substances, and enabling them to operate with more penetration and freedom upon the human organization. *Secondly,* because his arithmetical brain perceives here no more than an example of astonishing division, simply a separation and diminution of the particles of the matter, in which every part must be less than the whole, as every child knows; but he will not perceive that the exaltation of the intimate

powers of the body by this trituration far exceeds the diminution of the ponderable material in which they reside. *Thirdly*, because the sceptic has never tried preparations of such medicinal intensity.

If he who calls himself a seeker of truth will not make his search where alone truth is to be found, and that is in experiment, truth must remain undiscovered. It will not be got at by means of the multiplication table.

ON THE NECESSITY OF A REVISION OF OUR MATERIA MEDICA.

By Dr. Watzke of Vienna.

There are Homœopathic Physicians who see, in the Materia Medica of Hahnemann, a finished masterpiece, complete in itself, and neither requiring improvement, nor capable of it. Quite recently Gross and Goullon have declared "that even in its present state it is faultless, and needs no reform." We are sorry that we are obliged here directly to oppose our respected colleagues. We hold that science has a right to assert its claims to this reform; we see in it the most important desideratum in the Homœopathy of the present day, the ground work of the progress and further development of our art, and the first condition of the scientific approbation of our opponents, the absence of which is so much to be deplored.

While we hereby openly, and without reserve, admit the extreme imperfection of our pharmacology, we think it advisable—in the face of the friends and foes of homœopathy—in the most impressive manner to guard ourselves against the imputation of undervaluing or distrusting Hahnemann's provings of medicines. We question neither the conscienciousness, the love of truth, the caution and acuteness of the observer, nor the accuracy of the experiments; we are, on the contrary, firmly convinced that nothing can be better calculated to inspire us with a higher sense of the merit of Hahnemann, and to place his genius and power of observation in a clearer light than those very repetitions of the

provings, which must chiefly furnish the materials for a reconstruction of his Materia Medica.

Let us now begin to be ashamed of lolling at our ease on the bearskin that Hahnemann has spread beneath us; let us now, for the first time, take courage to tread in the footsteps of the master, and patiently pursue the path he has opened up; let us now, like him, devote half a life to the proving of medicines; let us strive to experiment with the same indefatigable diligence, the same zeal, and the same self-devotion; we shall then find out what an infinitely rich treasure of observation and experience, what a colossal mass of the most careful experiments form the basis of Hahnemann's elaborate proving of *nux vomica, belladonna, pulsatilla, bryonia, aconite, rhus, mercury*, and so many other medicines; and how Hahnemann, just because he made the experiments himself, or at any rate directed them exclusively, must necessarily have seen a physiological connexion and systematic order, where others can discern nothing but a chaos of fragments and hieroglyphics.

What then can we find to revise and reform in a work, the excellence of which we laud to the skies?

The necessity of a revision has less reference to the material than to the form of our *Materia Medica.* It rests, so far as we are concerned, more immediately on the ground that the results of the provings were given into our hands not in a natural physiological order, but *solely* and *exclusively* as an artificial register of fragments. The architect of the pure Materia Medica failed in this, that he attributed his own wisdom to his disciples, who made either only incomplete experiments, or none at all; that he believed that they who might not know the whole, would nevertheless appreciate the worth and importance of individual parts.

The unfortunate plan which Hahnemann adopted in the arrangement of his Materia Medica, gives nowhere any account of the mode in which the medicines were proved. He has only given us the result of the working of the rule; he ought also to have explained to us the method by which it was obtained.

We do not know whether the symptoms subscribed by one

and the same cypher, are the result of one or more experiments. Nay, we do not even know whether the symptoms subscribed by one and the same cypher are derived from one and the same individual prover.* We are seldom told in what dose, and in what form the medicine was given; or how often and at what intervals it was repeated. We commonly, therefore, learn nothing of the development, course, and duration of the medicinal disease, or the time of the appearance and disappearance of individual symptoms. We are not able, therefore, to distinguish transitory and accidental phenomena from those which are necessary and essential. We remain besides ignorant, or almost entirely so, of the centre and periphery of the sphere of medicinal action; of the primary and secondary action of medicines; of their sympathies, synergies, and antagonisms, as well as of the extent and importance of the medicinal disease. We do not see what relation the symptoms bear to the predisposing and occasional (medicinal) causes, and we gain no correct idea of the intensity with which the medicine acts on the healthy organism in general, or on individual systems and organs.

We called the plan an unfortunate one, because Hahnemann, by means of it, instead of individual medicinal diseases, presented us with confused conglomerations of symptoms more accessible to the memory than the understanding; and thus, not only made the study of the homœopathic medicines exceedingly difficult to his own disciples, but placed in the way of unbelieving physicians an almost insurmountable barrier to the comprehension of his doctrines; and what is most to be regretted, not unfrequently the best heads, and those most likely to become the leaders of the reformed system were thus for ever removed from the study of it.

We pronounce our conviction with the most heartfelt wish and firm confidence that it will be shared by the majority of our colleagues, and that the work of reform, which we herewith begin with boldness, will meet with support from

* The cypher figures sometimes as a generic term; so much so, that Gross, Stapf, and others have subscribed with their own names all those symptoms which they have collected from perhaps half a dozen provers.

many quarters. For the example of Hahnemann shows how much one powerful will can effect; and if we have undertaken the chief object of our life, the physiological reconstruction of his Materia Medica, it would yet be a piece of ridiculous assumption did we assign to ourselves the Herculean arms which would be capable of completing such a gigantic work alone. As regards the chief part of the work, the re-proving (Nachprüfungen) of the medicines, we have already been joined by a not inconsiderable number of able and similarly disposed friends.

May we succeed in fulfilling our object in such a way that it may *prove of real and lasting advantage, not to system but to science; not to the partizan of Homoion or Alloion, but to the practical physician; and serve as a proof that the advancement and perfection of the specific pharmacodynamics are essentially identical with the advancement of the practice of the healing art.**

PRACTICAL OBSERVATIONS—PNEUMONIA.

By J. Laurie, M.D. London.

Case 1.—C. D., aged 30, of lympathic sanguine temperament, had been affected with a cutaneous eruption of some kind, four years previously, which was treated by external applications; was seized on the 7th of March, 1844, with violent shivering, followed by heat; lancinating pains in the left side of the chest, excessive thirst, cough, and aching pains in the back and extremities. On the 9th, I found him in the following state: Laborious, short, and hurried breathing, with constant, dull pain in the upper part of the left chest, incessant short, dry cough; on auscultation, distinct crepitation, but sound on percussion nearly normal; skin intensely hot and dry; thirst excessive; tongue dry and glossy; face flushed, giddiness, and severe headache; pulse 115, strong and hard. Aconitum Napellus gtt. 3/3 in f ℥iij of water; a dessert-spoonful every 2, then every 3 hours.

March 10.—Patient passed a restless night, but is much

† From Oesterreische Zeitschrift für Homœopathie, p. 3.

less feverish, pulse 105, face not so flushed, tongue dry but not so glossy, skin moist; urine, high-coloured; other symptoms unchanged as above. Phosphorus ℥ gtt. 3, 1 every 4 hours.

March 11.—Patient reports himself better, but the respiration evidently more laborious; constant cough, with scanty expectoration of very tenacious mucus, occasionally tinged with blood; considerable dulness at the inferior scapular region of the left chest, imperfect bronchophony; patient complains of no pain, but experiences a suffocating feeling of tightness in the chest; urine not so highly coloured. Phosphorus gtt. 4/3; 4 powders, 1 every 3 hours.

March 12.—Patient complains of pain of a dull, lancinating description in the left subclavicular region; sound on percussion there dull, and no respiratory murmur can be detected at the spot: and for the most part the respiration in the entire chest very imperfect. Marked bronchial respiration, on auscultation, at the inferior scapular region, left side; expectoration increased, and more deeply tinged with blood; less thirst; tongue coated white, offensive taste in the mouth; nausea; urine very turbid and dark-coloured, motions watery, yet passed with difficulty. Phosphorus 3, 1 drop every 2 hours.

March 13.—Increase of cough during the early part of the night, followed by disturbed sleep; little or no pain in the chest; respiration freer; diminished secretion of urine, copious perspiration, no stool. Phosphorus gtt. 6/3, in half a pint of water, a table-spoonful every 2 hours.

March 14.—Cough not so troublesome, expectoration diminished, but still very viscid, sputa present scarcely any traces of blood; respiration much easier, pulse weak and slow, copious sweating, particularly at the chest.

March 15.—Expectoration less tenacious and free from blood. Respiratory murmur, anteriorly, extremely weak, but more audible posteriorly at the inferior scapular region; no crepitation; still a degree of bronchophony; urine clear. Phosphorus, as before.

March 16.—Dulness on percussion, at the left subclavicular region less marked, but the vesicular respiration lower

down very loud; behind, at the inferior scapular region, very little dulness, and distinct respiratory murmur; patient feels very much better, can lie on both sides, but prefers lying on the back, which he has done almost constantly from the commencement of the attack; tongue clean, but somewhat parched, slight thirst; desire for nourishing food. Phosphorous gtt. 3/3, in 3 powders, 1 to be taken every 4 hours.

March 17.—Very little cough, excited only on turning in bed, or sitting up; *slight* crepitation, at the subclavicular region, sound on percussion much diminished; no dulness at the posterior part of the affected lung, and vesicular respiration completely re-established.

March 18.—Patient continues in an improved state. Phosphorus repeated, as on the 16th.

March 20.—Dulness under the left clavicle very trifling; respiratory murmur returning, and by no means so sonorous as formerly at the sound portions of the lung, anteriorly; respiration free, patient feels perfectly well, and complains only of weakness, tongue clean and moist, no thirst, digestion good. Urine natural in colour; bowels regular. Medicine allowed to finish its action.

March 22.—Sounds on percussion normal; respiration perfectly unobstructed. Patient has nothing to complain of but a trivial degree of weakness, which is disappearing under a more nourishing diet.

Case 2.—Mrs. S., 70 years of age, of sanguineous temperament, has been tolerably healthy and remarkably robust for her time of life, during the last five years: previous to which, however, she had been very subject to inflammatory attacks of the abdominal viscera; was seized on the 30th of March, 1844, after having undergone a little more than usual fatigue out of doors—with shivering, followed by a hot fit; she complained at the same time of an obtuse pain in the side, attended with oppressed breathing, and short, dry cough. Thinking that she was merely affected with a slight cold, which would soon disappear under an abstemious diet and confinement to the house, the patient contented herself with bathing her feet in warm water, and drinking copiously

hot gruel; but the symptoms becoming worse, the patient sent for me on the fourth day of her illness, when I found her in the following state:—Dull pain in the lower part of the right side of the chest; incessant cough, much aggravated by taking a full inspiration, and also on attempting to speak; expectoration scanty, extremely viscid and discoloured; respiration short, laboured, and chiefly abdominal; marked dulness of sound, on percussion, at nearly the entire extent of the right lung, posteriorly; bronchial respiration, on auscultation with the stethoscope, and very weak vesicular respiration throughout the whole lung, with exception of a small part at the anterior portion of the upper lobe, immediately under the right clavicle, where the respiration is puerile; respiration in left lung somewhat puerile and bronchial, with *slight* wheezing, but no dull sound, on percussion, either anteriorly or posteriorly. The patient lies constantly on the back, and feels as if she would be suffocated on attempting to lie on either side; pulse 115, skin dry. Phosphorus gtt. 2/3 in water, a dessert-spoonful every 2 hours.

April 3.—Patient has passed a tolerable night, respiration somewhat easier, speech not so interrupted, and cough not quite so troublesome; expectoration very tenacious, scanty, and more tinged with blood; sound, on percussion, the same as yesterday; bronchial respiration still very audible; pulse 110, small and wiry; skin not so dry. Phosphorus, as before.

April 4.—Patient was reported to have passed a very disturbed night; is affected with extreme depression, severe headache, and pains in the back and extremities; the eyes look dull and inflamed; face flushed; temporal arteries distended, and throbbing violently; occasional delirium; tongue dry and parched; great thirst; breath fetid; respiration very laborious, but no perceptible alteration on auscultation; urine, natural; pulse 115, small, hard, and accelerated by the slightest movement. Belladonna gtt. 2/3 in water; a dose every 3 hours.

April 5.—Was sent for at three in the morning; the patient appeared to improve soon after she had taken the second dose of belladonna, but became gradually worse to-

wards nightfall. On my arrival, I found her in an extremely exhausted state; the tongue, lips, teeth, and gums covered with a brown fur; thirst moderate; speech very inarticulate; constant muttering; pulse quick, weak, and intermittent; extremities cold. Arsenicum 6 in solution: a tea-spoonful at first every half hour, and then at longer intervals should improvement set in.

On repeating my visit in the afternoon I found that the patient had rallied considerably after the arsenicum; but appeared lethargic, and could with difficulty be roused; a dark coloured offensive stool had been passed involuntarily; urine turbid, and deposits a blackish sediment; skin moist; pulse 100, weak but more regular. Opium, to be followed by arsenicum should symptoms of prostration of strength, or sinking again set in.

April 6.—Patient stronger, passed a good night; lips, teeth, and gums still much furred; tongue glossy, somewhat swollen, and covered with a *blackish* coating; breath very offensive; respiration more free; sound on percussion still very dull posteriorly; bronchial respiration diminished; anteriorly a slight degree of crepitus is audible, and faint respiratory murmur during inspiration; cough not so troublesome; expectoration increased, still viscid and sanguineous; copious perspiration; urine scanty, of a more natural colour. Phosphorus 3, every 3 hours one drop in a little water.

April 7.—No pain in chest, patient can take a pretty full inspiration; percussion does not elicit so dull a sound; bronchial respiration no longer audible; increased permeability can be detected on applying the ear anteriorly, with diminution of the puerile respiration at the immediate subclavicular space; subcrepitus over the greater portion of the back part of the right chest; lips, teeth, and gums cleaner, but tongue still very foul, nearly *black*, particularly in the centre; breath offensive. Lachesis 6, in water, a dessert-spoonful every 4 hours.

April 8.—*Tongue much cleaner*, breath not nearly so fetid; cough less frequent, expectoration somewhat copious, free from blood, but still viscid; physical symptoms on

examining the chest, same as above. Laches. 6, and phosph. 3, alternately every 2½ hours.

April 10.—Much improved in nearly every respect; tongue clean; lips not so dry; teeth and gums no longer furred; sound on percussion decidedly clearer; vesicular murmur distinctly audible anteriorly and posteriorly; expectoration scanty, and still extremely tenacious and of a greenish yellow; patient can lie with tolerable comfort on the right side; pulse 98, small and soft; appetite keen, almost ravenous. This latter symptom induced me to order some nutritious food of easy digestion to the patient on account of her extreme weakness and advanced age. Senega 6, in water a dessert-spoonful 3 times a day.

April 12.—Patient feels stronger, pulse the same as above stated; sputa much less viscid, increased in quantity, and expectorated with ease; sleep tranquil and refreshing; urine natural, bowels costive. Senega as before.

April 15.—Pulse natural, tongue clean, appetite good; posterior part of chest perfectly clear on percussion; respiratory murmur re-established; cough on making any exertion, expectoration white, not so thick, and somewhat frothy; bowels very costive. Sulph.

April 18.—Patient completely convalescent, complains merely of weakness and constipation. Sulph. repeated; saw the patient again 4 or 5 days afterwards, and found her in perfect health.

Scarlatina maligna.

C. W. aged 6, a stout, healthy looking child, of a sanguineous lymphatic temperament, was taken ill on the 5th of March, and complained of nausea, headache, and soreness of the throat; was put to bed, and had an aperient administered to him by his parents. On the 8th, the child having become much worse, I was requested to call and see him; found him in a very reduced state, and evidently in great suffering from the affection of the throat; on examining the fauces, the parts appeared of a dark colour, the tonsils much enlarged, and covered with white specks; externally, the throat

and neck were also much swollen, and extremely painful when touched, or when the head was attempted to be moved; deglutition painful and difficult; excessive secretion of saliva, and offensive fetor from the mouth, which induced me to inquire if any mercurial preparation had been given to the child; but I was answered in the negative; paleness of the face, hollowness and yellowish colour of the eyes; copious watery diarrhæa with tenesmus; coldness of the extremities, and great debility; pulse 130, weak and soft. Mercurius 6/6 in a wine-glassful of water; a dessert-spoonful every 3 hours.

March 9.—Motions not so frequent, and attended with less straining; otherwise no change. Medicine continued.

March 10.—Diarrhæa removed; face much flushed; an efflorescence of a faint scarlatina hue has appeared on the neck, chest, and arms; but on the inferior portion of the abdomen and inner side of the thighs there are several dark coloured spots, resembling the petechiæ of typhus; diminished secretion of saliva, tongue white and moist; breath fetid, and effluvia from the body equally so; fauces not so much swollen, but still of a dark colour; externally, the throat and neck continue much tumified and tender; lips, teeth, and gums black with sordes; breathing very laborious. Ammonium, c. 6, in solution; a tea-spoonful every 2 hours.

March 11.—Extreme restlessness with delirium all night; dullness of hearing; dull and sunken appearance of the eyes; a number of dark spots have appeared on the parts covered with the faint efflorescence; throat and tonsils look better, specks on the latter removed; lips, etc. also cleaner, but parched; thirst; pale urine, no stool; extremities cold; trunk hot and dry; pulse 135, small and hard. Medicine repeated.

March 12.—Patient passed a better night, but occasionally delirious, and very violent; urine passed involuntarily; continued deafness; exterior of the throat, the cervical glands, and neck very much swollen, and of a livid colour; patient moans constantly, and seems to suffer great agony when the head is moved; efflorescence disappearing; dark red spots remain; tongue dry, and of a dark brown or nearly black

colour; lips parched. Lachesis 6, in water; a dose every 2 hours.

March 13.—Tongue moist and somewhat cleaner; countenance not so inanimate; breathing laborious; deglutition no longer painful; swelling of the neck somewhat diminished. Medicine repeated.

March 14.—Tongue much cleaner; lips not so parched; swelling of the neck decidedly less; and the pain on movement evidently not so great. Medicine as before.

March 15.—Patient passed a good night. Tumefaction of the cervical glands and neck considerably reduced, and livid colour removed; numerous dark red spots remain on the trunk and extremities; continued fetor from the body of the patient; skin excessively hot and dry; urine deposits a dark coloured sediment; bowels relaxed; pulse quick, small, and irregular; extreme prostration of strength. Arsenicum 6, in water, a tea-spoonful every two hours.

March 16.—Less heat of skin; pulse 120, more regular and somewhat stronger; bowels not so relaxed; tongue white; other symptoms unchanged. Continue arsenicum.

March 17.—Pulse 110; breathing much less laborious; urine does not deposit so much sediment; skin moist; rash has entirely disappeared, and desquamation commenced; dark red spots becoming fainter; swelling of the neck completely reduced, and the head can be moved in any direction without causing pain, but the glands enlarged and indurated. Baryta acetica, 6 in water.

March 21.—The patient was progressing rapidly towards convalescence under the action of the above remedy, when he caught cold, owing to the heedlessness of his mother in permitting him to sit for some time at an open window, during a most unfavourable state of the weather; he was consequently seized with a most distressing cough, attended with copious expectoration, rattling and oppressive respiration; general swelling of the body; suppression of urine; great heat and dryness of skin; pulse 100, hard and somewhat full. Aconite, followed in six hours by pulsatilla.

March 22.—Patient passed a small quantity of dark red coloured urine, attended with pain, soon after taking the

aconite; in the course of the afternoon the discharge was a little more copious; skin moist, pulse 94; swelling much the same; excessive weakness; no appetite; motions natural. Pulsatilla repeated.

March 23.—Cough easier; urine scanty, but of proper colour; increased swelling of the face; patient complained of pain on swallowing, and on looking at the throat the tonsils were observed to be enlarged and inflamed; the false palate and uvula also of a bright red colour. Belladonna, 6 in f ℥ij of water, a dessert-spoonful every three hours.

March 24.—Throat not so painful; face less swollen; urine passed in larger quantities, and without pain; no appetite; bowels costive. Medicine continued.

March 25.—Throat well; swelling of the entire body very much lessened; very little cough; appetite better; pulse weak and irregular; patient much exhausted. Arsenicum, 6 in water twice a day.

March 26.—Swelling of hands and face nearly removed; that of the abdomen, feet, and ankles, much the same; patient livelier and somewhat stronger, though much emaciated; cough trifling. Medicine continued.

March 26.—Improvement in every respect; appetite good; bowels costive; no trace of anasarcous swelling. A few doses of sulphur rendered the patient completely convalescent.

Scarlatina Maligna.

E. W. aged 7, of a somewhat strumous diathesis, was seized on the 3rd of May, 1844, with coldness and shivering, followed by heat, nausea and vomiting, soreness of the throat, and excessive languor.

The day following I was sent for, and found the patient very feverish; skin hot and dry; and face much flushed, pulse 130; delirium. On examining the throat, the tonsils and surrounding parts appeared much inflamed, and swollen to such a degree, that deglutition was thereby completely impeded, all fluids being immediately rejected, or returned by the nostrils on the little patient's attempting to relieve

her thirst; tongue dry, swollen, and bright red at the tip and margins; breathing, quick and laborious. Aconitum, 3/6,—followed in three hours by belladonna 6, three pow- each containing one drop; a powder to be placed on the tongue every 3 hours.

May 5.—Fever less inflammatory; skin moist; pulse 115, soft; great prostration of strength; throat and neck very much swollen; patient has much difficulty in opening the jaws; continual thirst, but less difficulty in performing deglutition; breathing, quick and laboured; short dry cough, worse at night. Belladonna gtt. 1/6 in a wine-glassful of water; a dessert-spoonful every 3 hours.

May 6.—Swelling of the cervical glands and muscles. On examining the fauces, the parts appear less swollen, but covered with indolent looking ulcers, which emit an extremely offensive odour; fauces clogged with viscid mucus, which the patient makes constant fruitless efforts to eject by spitting; it is found necessary to keep her propped up in a semi-recumbent posture, and to clear away the tenacious phlegm with a small piece of sponge occasionally. Mercurius 6 in water, a tea-spoonful every 3 hours.

May 7.—A rash of a bright red hue has appeared on the face and neck; throat much the same. Belladonna 6 in solution, a tea-spoonful every 3 hours.

May 8.—Eruption on the face very faint; more developed on the chest and arms, the latter of which are much swollen; deglutition extremely painful; appearance of the fauces unchanged; redness of the eyes, delirium, deafness. Belladonna as before.

May 9.—Lips covered with a brown incrustation; acrid watery discharge from the nostrils; breath very fetid; eruption presents a sort of livid red colour; ulcers in the throat have become confluent, and exhibit a greyish or ash-coloured aspect; tongue very foul; neck still much swollen, and head drawn backwards, and towards the right side; copious watery diarrhœa, mixed with blood, and attended with severe tenesmus. Mercurius 6 in a wine-glassful of water; a tea-spoonful every 2 hours.

May 10.—Improvement in all the symptoms. Medicine continued.

May 11.—Cessation of diarrhæa. Paleness of the face with sunken eyes. Cervical glands and muscles less swollen. No longer any viscid phlegm in the fauces, but deglutition still very painful, though not so difficult; ulceration on the tonsils and adjacent parts surrounded by a livid margin; continued acrid discharge from the nose, causing soreness of the alæ naisi and of the upper lip; eruption very faint, and here and there intermixed with *petechiæ*. Pulse feeble and irregular; excessive prostration. Arsenicum 12, in water, a tea-spoonful every 2 hours.

May 12.—No material alteration, perhaps not so much prostration. Medicine continued.

May 13.—Improvement. Expression of the eyes more animated, patient evidently stronger and able to take a little nutriment; ulceration in the throat looks healthier, deglutition easier. Medicine repeated.

May 14.—Patient continues to gain strength; ulcers in the throat have lost their livid hue; breath still very fetid, tongue dark brown, or nearly black in the centre; thick discharge from the nose; petechiæ disappearing; slight peeling off of the cuticle of the face. Lachesis 12, in water, a tea-spoonful thrice a day.

May 15.—Ulcers cicatrizing; dark coating on the tongue removed; breath less fetid, increased appetite; desquamation at the arms and chest. Lachesis repeated.

May 16.—Continued improvement, but the bowels have become relaxed attended with slight colic, apparently owing to the introduction of indigestible food into the stomach; nausea, foul tongue, offensive breath. Pulsatilla 12, in water, a dessert-spoonful after every motion.

May 17.—Disturbance in the digestive functions removed; a small somewhat indolent looking ulcer remains on the left tonsil. Mercurius 6, in water, a dessert-spoonful thrice a day.

May 19.—Ulcer cicatrized; cervical glands still much tumified and indurated; patient otherwise convalescent and restored to her usual strength. Under the a[illegible] mer-

curius, *baryta*, *c.*, *sulphur*, and *calcarea*, resolution was completely effected in the glandular swellings.

(*To be continued.*)

NOTICE OF THE HOSPITAL OF THE SISTERS OF CHARITY IN VIENNA, WITH A TABULAR VIEW OF ALL THE DISEASES TREATED THERE FROM 1835 TO THE END OF 1843.

BY DR. FLEISCHMANN.

From the Oesterreich. Zeitschrift für Hom. Band I. No. 1, *p.* 176.

"Publicity is the Aqua Regia which sooner or later dissolves all injustice and prejudice."

The order of the Sisters of Charity was instituted in 1632 by Vincent de Paul, at Paris, and has since spread over almost all Europe. Its high vocation is the tending of the sick. It was by the unwearied exertions of Count Coudenhoven that a colony was transplanted from Zams, in the Tyrol, where the order had long existed, to Vienna.

I need not enter into a description of the arrangement of the Hospital; suffice it to say, that in point of comfort, cleanliness, and attendance on the sick, it ranks among the very best.

There is a medical visit twice a day, and at the end of the month there are accurate tables made out of the number of patients admitted and the result of their treatment; and at the end of the year, a *résumé* of this is given to the Government. The Hospital was opened in 1832. Dr. Mayerhoffer treated, up to the 1st of November of the same year, 193 cholera patients, of whom 105 recovered, and 88 died. In this epidemic he began to make himself well acquainted with Homœopathy, and up to the time of his retirement, he treated most of his patients Homœopathically.

It was under the management of Dr. G. Schmid from July 1833 to January 1835. In which time there were 582 patients received, of whom 468 recovered, 34 were dismissed as incurable, 56 died, and 27 remained in the Hospital.

In January 1835, the management of the Hospital was committed to me; and at the very outset, I got rid of all other drugs, for I wished rather that to the system should be

given a decided trial in my hands than that the result should be ambiguous from my mode of treatment. I treated all patients, without exception, Homœopathically. When the visitation of cholera reappeared in 1836, I reported the happy issue of my treatment to the Government, and the minister, Count Kolowrat, who is ever forward to advance and protect whatever is good and useful, graciously took up the matter; and very soon afterwards his Majesty issued an order cancelling the statute which forbade the practice of Homœopathy.

Since that time there began in Austria a new era for Homœopathy, which diffused its beneficial operation on all sides. The Homœopathic physicians could now prosecute their profession without fear of transgressing the law, and their number has tripled itself in Vienna. There is scarcely a province in Austria, out of which there have not come physicians to study Homœopathy practically in this Hospital; and many who have since prosecuted the practice with zeal and success in Germany, Italy, France, and England, received their first instruction in this Hospital. In Linz, an hospital has been opened, and the results are most gratifying; and in two other provinces, similar establishments are in progress of erection.

The new method has made more impression upon the public as is exhibited among other things by the increase of out-patients at the Hospital. In 1839, the number of out-patients was scarcely more than 3,000; in 1840, it was 4,106; in 1841, 4,300; in 1842, 4,798; in 1843, 6826.

Homœopathy has not only extended itself externally, but it has consolidated itself internally. Those who have recently adopted it are, for the most part, young, energetic men, w[illegible] strive to keep pace with all the improvements in medici[illegible] and do not hesitate to shake off the gaudy trappings whi[illegible] mysticism and quackery had hung upon Homœopathy.

Medicines are diligently being proved over again; a journal is established,* in which every one may communicate the result of his experience and advance the science according to his ability. We look with confidence to th[illegible] reso-

* Speaking of Austria.—Eds.

lution respecting the desired Chair of Homœopathy; and thus by the combined efforts of those who are in earnest with Homœopathy and medicine generally, will the clouds which still bedim our sky disperse.

TABULAR VIEW OF THE CASES TREATED IN THE HOMŒOPATHIC HOSPITAL OF THE SISTERS OF CHARITY FROM 1835 to 1843.

"Il n'y a rien de plus positif, ni de plus éloquent, que les chiffres."
NAPOLÉON.

	Remaining from 1834.	Admitted.	Cured.	Dismissed uncured.	Died.	Remaining.
Abscess in the brain		3			3	
Amenorrhœa		10	10			
Aneurism of the heart		1			1	
Aphthæ		5	5			
Apoplexy		9	4	2	3	
Ascites	1	13	10	1	3	
Asthma		2	2			
Bronchocele		1		1		
Burns		18	16			2
Cancer of the stomach		2			2	
— of the uterus		3		2	1	
Caries of the bones		5		5		
Cataract (commencing)		2		2		
Catarrh	1	43	44			
Chest (rheumatic and gouty affections of the)	1	47	47		1	
Chlorosis		80	79			1
Cholera		24	21		3	
Chorea		4	3	1		
Club-foot		8	6	2		
Colic, rheumatic		1	1			
— inflammatory		1	1			
— menstrual		15	15			
— painter's		28	28			
Congestion of the abdominal viscera		2	1		1	
Convulsions		12	12			
Cough		9	9			
— chronic		130	119	1	7	3
— spasmodic		18	18			
Croup (Bräune)		1	1			
Delirium tremens		4			4	
Diarrhœa		114	112		2	
Distortion of the foot and knee		7	7			
Dropsy, general		12	11		1	

	Remaining from 1884.	Admitted.	Cured.	Dismissed uncured.	Died.	Remaining.
Dropsy, ovarian		1		1		
Dysentery		44	42		2	
Emphysema of the lungs		2			2	
Epilepsy		1		1		
Epistaxis		1	1			
Erysipelas of the face	4	177	177	1	2	1
— of the foot		31	31			
Fever, bilious		9	9			
— catarrhal		175	168		3	4
— cerebral	3		3			
— continued		294	279	1	10	4
— gastric	2	516	512		3	3
— inflammatory		37	36		1	
— intermittent		229	227		1	1
— low		1	1			
— milk		1	1			
— putrid	2	1	2		1	
— rheumatic	1	556	555			2
— typhus (abdominalis)	3	816	669	2	140	8
— worm		1	1			
Fractures		1	1			
Frozen feet		5	5			
Furunculus		1	1			
Gangrene of both feet		1		1		
Gastricismus (dyspeptic affections)	1	116	116			1
Gastric derangement		25	25			
Gastrodynia		31	31			
Gout, acute and chronic	2	100	97	1	4	
— in the hip		6	6			
— in the head		34	34			
Hæmatemesis		1	1			
Hæmoptysis		50	47		3	
Hæmorrhage		20	19		1	
— from the trachea		1	1			
— from bursting of a blood-vessel		2			2	
Hæmorrhoids		18	18			
Headaches, chronic		6	6			
— gastric		8	8			
— gouty		3	3			
— nervous		1	1			
— rheumatic		43	43			
Heart (organic disease of the)		15		7	8	
— (palpitation of the)		2	2			
Herpes		20	19	1		
Hoarseness (chronic)		6	6			

	Remaining from 1884.	Admitted.	Cured.	Dismissed uncured.	Died.	Remaining.
Hydrocephalus		6			6	
Hydropericardium		2	1		1	
Hydrothorax		7	1	1	5	
Hypochondriasis		3	3			
Hysteria		6	6			
Inflammation of the articulations	1	210	203		2	6
— — aorta		3	3			
— — bladder		3	3			
— — brain (membranes)		17	15	1	1	
— — bronchial tubes		15	15			
— — cellular tissue		3	3			
— — ear		4	4			
— — eyes	1	30	30	1		
— — eyes (strumous)		20	20			
— — gland (parotid)		3	3			
— — gland (thyroid)		1	1			
— — heart (endocarditis)		29	29			
— — intestines		6	1		5	
— — kidneys		1	1			
— — larynx		4	3		1	
— — liver		6	6			
— — lungs		300	280		19	1
— — mamma		1	1			
— — muscles		1	1			
— — muscles of the chest		3	3			
— — ovaries		3	3			
— — pericardium		2	2			
— — peritoneum		105	100		5	
— — pleura		224	221		3	
— — psoas muscle		1	1			
— — spinal marrow		1	1			
— — spleen		2	2			
— — throat	1	299	299		1	
— — throat (gangrenous)		1			1	
— — uterus		1	1			
— — veins		2			2	
Influenza		52	51		1	
Insanity (amentia)		2		2		
Jaundice	1	35	36			
Leucorrhœa		2	1			1
Liver (affection of the)		1	1			
Mania (acute)		12	10	2		
Marasmus		1			1	
— senilis		6		1	5	
Measles		25	23		2	
Medullary sarcoma of the liver		1		1		

	Remaining from 1884.	Admitted.	Cured.	Dismissed uncured.	Died.	Remaining.
Medullary sarcoma of the eye		3		2	1	
Menorrhagia		14	14			
Miliaria purpurea		7	4		3	
Nervous debility (general)		4	3			1
Nettle rash		3	3			
Œdema of the lungs		14		1	13	
Paralysis		5	5			
— rheumatic		2	2			
Phthisis		98		27	71	
Porrigo capitis		6	6			
Psoric eruptions		12	10	2		
Pterygium		1	1			
Ptyalism		1	1			
Purpura hæmorrhagica		2	2			
Rheumatism, acute and chronic		188	188			
Scalds		1	1			
Scarlatina	2	33	31		2	2
Scrofula (general)		7	4	1	2	
Small-pox		136	120		11	5
Spasms		23	23			
Spasms of the bladder		1	1			
— chest		3	3			
— stomach		33	32		1	
— uterus		1	1			
Spleen (affection of)		1	1			
Sprains of the foot		6	6			
— arm		1	1			
Stomach (induration of)		6		6		
— (softening of)		1			1	
Strabismus		2	2			
Tape worm		1		1		
Tetanus		2	2			
Trembling of workers in metal		1	1			
Tuberculosis (general)		1			1	
Swelling of the cheek		29	29			
— cervical glands		2	2			
— foot		4	4			
— hand		3	3			
— lip		1	1			
— lymphatic (abscessus lymphaticus)		1	1			
— knee		11	9	1		1
— knee (white)		4	4			
— lacteal		1	1			
— neck		2	2			
Ulcer of external thorax		5	5			

	Remaining from 1834.	Admitted.	Cured.	Dismissed uncured.	Died.	Remaining.
Ulcer, foot . . .		55	52		1	2
— hand . . .		3	3			
— lips . . .		1	1			
— lungs . . .	1	43		25	18	1
— nail (onychia) . .		5	5			
— scrofulous . . .		30	26	2	2	
— stomach . . .		2		2		
— throat, palate, and gums .		10	9		1	
Varicella . . .		110	106		1	3
Vertigo		3	3			
Vomiting . . .		25	25			
— chronic . . .		3	3			
Urine (incontinence of) . .		1	1			
Wounds of various kinds. .		34	34			
Zona		4	4			
Total .	27	6524	5980	112	407	52

NOTE.—The surgical cases were treated by Dr. Breuning.

In addition to the above, 32,000 out-patients were treated during the nine years ending in 1843, who were prescribed for twice a week at the dispensary of the Hospital.

CASES.

'Observationes numerandæ et perpendendæ sunt."

Typhus abdominalis.

1.—Theresa B., a servant girl, aged 20, of a strong constitution, who had previously enjoyed good health, was seized 14 days ago, without any known cause, with violent shivering followed by heat, head-ache, and lassitude of the whole body. She took a purgative, which did her no good, and finding herself getting worse, she was brought into the Hospital on the 15th of January.

The patient complains of confusion of the head, vertigo, singing in the ears, and great exhaustion of the body; the eyes are half-closed and sensitive to the light; the tongue is coated with a thick yellow mucus at the root, red and very dry at the edges; the taste is bitter; the breath has an offensive smell; violent thirst; hurried breathing, frequently interrupted by slight cough; the abdomen is tympanitic, and

tender to pressure in the right hypochondrium; the stools have been soft, and 5 or 6 times daily. The urine is watery and turbid; the skin hot, dry; the pulse full, rapid, 100 beats in a minute.

Prescription: Arsenic, 4th dilution, a dose every 3 hours.

On the following day there was no change in the former symptoms; but delirium had set in, and the pulse was smaller, quicker, 120; the cough more frequent, with an audible strong mucous rattle; on this account *senega* was given alternately with the former medicine. Under this treatment the condition of the patient underwent little change until the 20th of the month.

On the 21st, the patient had some hours of unbroken sleep; the delirium and diarrhœa had ceased; the respiration was freer, the cough less frequent, and attended with expectoration; the tongue more moist; the abdomen less sensitive; the pulse about 80. From this time, the improvement steadily went on, so that on the 30th of the month all medicine was discontinued, and the patient shortly after dismissed quite well.

2.—John R., a strong boy 14 years old, was attacked 12 days ago, after having over-loaded his stomach, with violent vomiting, diarrhœa and head-ache. The vomiting ceased after 2 days; but the diarrhœa continued. On this there supervened great weariness; weight in the limbs, and repugnance to food. He was admitted into the Hospital upon the 23rd of January.

The head is confused and giddy; the countenance collapsed, pale; the tongue is very red up the edges, and at the point, and at the base dry and and cracked, and thickly coated with yellow mucus; the taste is bitter; repugnance to food; violent thirst; hurried respiration; abdomem tender; frequent stools, 5 or 6 times a-day; pulse 120; skin hot, dry.

Prescription:—Arsenic; 6th dilution every 3 hours. Cold water for drink; and cold sponging night and morning.

Jan. 26.—Much delirium; considerable tympanitic distension of abdomen; the other symptoms remain unchanged.

Medicines to be continued.

Jan. 30.—The skin is cooler; moist, with perspiration; the tongue moist; pulse 90; the abdomen sensitive only to strong pressure; diarrhœa abated; he has had some sleep.

Feb. 2.—The improvement continued; the medicine to be given only twice in the day. Dismissed well on the 10th of this month.

3.—Anna W., aged 24, always in good health; presented on the 8th day of her illness the following symptons:—The patient lies in a state of stupefaction, with half closed eyes and sub-delirium. The head as well as the whole of the skin is hot to the feel; the teeth and tongue are covered with dark brown mucus; the tongue and lips are dry and cracked; the breath is foul; the respiration anxious; the abdomen sensitive and distended with flatus; bloody stools 5 or 6 times a-day; pulse 110.

Prescription:—Arsenic, 3rd dilution every 3 hours, with cold applications to the abdomen. The following day the bloody stools ceased, and the cold applications were consequently discontinued; the other symptoms remained almost the same until the 30th of March, that is six days. In the night of the 30th, the restlessness and delirium were at their height, and in the morning erysipelas of the face appeared, which, however, went away under the use of belladonna 3rd dilution, in 2 days.

From this time the patient continued a little quieter; but the other symptoms remained almost as bad as ever.

On the 14th of April, the patient slept a little during the night; the tongue is moist; the skin hot to-day; the thirst abated; she took soup with avidity; diarrhœa 2 or 3 times a-day; pulse 92.

On the 20th of April almost all the typhoid symptoms had disappeared; but in the night, the patient was again attacked with erysipelas of the face which lasted 3 days, and was treated with belladonna, 4th dilution every 3 hours. She was dismissed well, but weak, upon the 30th.

4.—Franzisca K, aged 18. Robust and well fed. After having been ill for some days at home was admitted on the 13th of March into the Hospital with the following symptoms:

The peculiar stupid expression of countenance; eyes fixed and brilliant; face red and puffed. She complains of heaviness of head; vertigo, *tinnitus aurium;* deafness; the voice is low and tremulous; the tongue is black, coated, dry and cracked; much nausea and constant desire for cold water, and respiration oppressed, anxious, almost stertorous; the abdomen very sensitive and disturbed; 5 or 6 stools daily, passed unconsciously and very offensive; the skin is hot, dry, like parchment; the pulse 100.

Prescription:—Arsenic, 4th dilution every 3 hours; cold applications to the head, and cold sponging of the body.

Under this treatment speedy improvement took place; a dry cough which occurred at the end of the disease was successfully treated with *spir. sulphuris;* and in 3 weeks the patient was dismissed in perfect health.

5.—Franzisca F, aged 13. After she had been treated for 14 days allopathically at home was admitted into the Hospital in the 5th of January with the following symptoms:—The head is heavy and giddy; ringing of ears; face pale, thin, and collapsed; with the peculiar typhus expression; the eyes dull; the tongue dry with a dirty coating; the lips covered with sordes; the speech slow and stammering; loss of appetite; excessive thirst; abdomen distended, painful; 4 or 5 dark thin offensive stools daily; skin hot and dry; sleep restless and broken, with delirium.

Prescription:—Arsenic, 6th dilution, every 3 hours.

Under this treatment there was no improvement for the first 8 days, after that the sleep became sounder, and the skin and tongue moister; the thirst diminished; the diarrhœa lessened, and after 14 days the patient was pronounced convalescent.

6.—Clara W., aged 39, was brought into the Hospital on the 3rd of January, after having been 3 weeks confined to bed at home. The surface of the body is very hot; the tongue, dry, cracked, coated with brown mucus, also the teeth and lips; the breath offensive; the respiration almost stertorous; the pulse small and weak, 120; 6 or 8 involuntary motions in the day.

Prescription:—Arsenic, every 2 hours.

The symptoms gradually increased, and the patient died upon the 7th of the month.

Sectio.—Emphysema of upper lobes of both lungs; the inferior lobes bloodless, easily torn (mürb); the heart relaxed and flabby, containing a little fluid blood in its cavities; the liver friable; brown thin fluid bile in the gall bladder; the spleen of double its natural size, lax, friable, congested; the stomach collapsed, its mucous membrane pale; the intestines distended with air; the mucous membrane of the ileum, especially towards its termination, infiltrated with blood strewed over with typhous ulcers, the size of a fourpenny piece.

7.—Francis W., aged 44. Of a week constitution. Ill for eight days; admitted on the 8th of March. Complains of shivering with alternate hot fits, head-ache and vertigo. His countenance is pale and collapsed; the tongue coated; thirst increased; no appetite; some cough; pulse small, 96.

Prescription:—*Bryonia*, 4th dilution every 3 hours.

March 10.—Skin hot and dry; sleep disturbed by slight delirium; the tongue dry; violent thirst; pulse 110; 5 to 6 bloody stools daily. *Mercur. sublim.*, 3rd dilution every 3 hours.

March 13.—The diarrhœa still continues; but no more blood passed; more delirium; loss of strength; pulse 130; skin cold to the touch. *Carbo. veg.*, 3rd dilution every 3 hours.

March 20.—To these symptoms, great restlessness, *subsultus tendinum*, and cold sweats supervened. The skin became gradually cold, and he died on the 26th of the month.

Sectio. The lower and back part of both lungs adherent, (zellig angewachsen) the left upper lobe soft, airless, infiltrated with blood; the right upper lobe exhibits several calcareous tubercles of the size of a pea; both inferior lobes are emphysematous; little serum in the pericardium; the heart normal; the liver soft and congested, much watery bile; the spleen friable and soft; the stomach collapsed, its mucous membrane infiltrated; the ileum covered with typhous ulcers and infiltrated matter.

8.—Magdalena A., aged 30, had been ill, according to her own statement, for three weeks; and on admission presented

the following symptoms:—Head-ache with slight vertigo; coated tongue, with loss of appetite but increase of thirst; fluid stools 4 or 5 times a day; abdomen slightly sensitive; auscultation disclosed a slight bronchial catarrh; sleep restless; skin dry, pulse 90.

Prescription:—Ipecac., 3d dilution every 3 hours.

Under this treatment the patient visibly improved. The sleep became less troubled; the appetite improved; the cough had disappeared, and the patient expressed a wish to be allowed to rise, when suddenly the following morning she died.

Sectio. Both lungs much distended at their margins, the right one adherent, the left upper lobe œdematous, airless, pale; the left and right under lobe of a dark colour, and congested here and there; in the extreme margin of the upper right and under left lobe, firm spots of pale red circumscribed hepatization the size of a pea; 1½ ounce of serum in the pericardium, heart large and adherent, its substance pale and lacerable, the blood in its cavities fluid without any coagulum; the liver friable, reddish brown, and the gall watery; the spleen three times its natural size, spongy (Locker) and friable; numerous curvatures of the ileum connected to the fundus of the uterus and the left ovary by cellular tissue partly red and partly slate coloured, and the rectum adherent to the posterior wall of the uterus, at the extremity of the ileum and cœcum various typhous congestive patches, and the remains of unhealed ulcers; the bladder distended and overrun with a net-work of fine red vessels; the left ovary inseparably attached to the rectum by bluish grey cellular tissue; the right ovary small and shrunk, and between the rectum and posterior wall of the uterus, the remains of a previous exudation, and here a soft, spongy substance of a medullary sarcomatous appearance had been deposited.

At the commencement of my private and afterwards of my hospital practice, I was in the habit of administering the various medicines celebrated in the treatment of typhus; but at length I could not make up my mind which of these had really been of use, and I was much dissatisfied with the

results. Latterly, a comparison of its characteristic symptoms with those of the medicine led me to the use of arsenic. Since that time I have given arsenic in almost all cases, and have been much better satisfied with the result. More remains yet, however, very much to be desired, in consequence, perhaps, of the obscurity that still envelopes the disease (in spite of our knowledge having been much enriched of late years upon this very subject). In scarcely any acute disease can we with so little confidence predict the event as in typhus. Cases frequently occur which, apparently trivial, and yet not neglected, although treated with the utmost care, attain very quickly the greatest degree of severity, or run a very tedious course without any very marked symptoms and terminate fatally. On the other hand, we meet with the most severe cases which rapidly recover, and we cannot with the greatest attention discover the cause of the difference. In this respect, typhus and cholera have the greatest similarity,

Pneumonia.

9.—Ferdinand K., aged 22, a gold-beater; eight days before his admission into the Hospital on the 7th of April, was seized, after having been exposed to cold, with violent shivering and stitches in the chest. The patient complains of great weakness; the head is hot; the tongue is coated, there is much thirst, and short and anxious respiration; a stitch is felt in the right side with every breath he draws, with frequent severe dry, short, cough; pulse full and hard 120; percussion normal anteriorly, dull posteriorly; bronchial respiration and bronchophony are audible behind.

Phosph. :—2d dilution every 3 hours.

On the 9th, the patient slept little, and was very restless; respiration oppressed. The slightest motion brought on a cough which could not be allayed, and attended with violent shooting pain; skin hot and dry, no change in the physical signs.

Phosph. :—1st dilution every hour.

11th.—The patient has passed perfectly sleepless nights;

the cough is not so frequent; some thick expectoration; some mucous rales are heard along with the bronchial respiration: pulse 100.

13th and 14th.—The restlessness and pain in side have dedidedly diminished, the cough is less frequent; the expectoration glutinous; the skin moist; the pulse 86.

On the 16th and 17th, the patient slept for hours quietly; the cough is slight, seldom, the expectoration tough; the percussion less dull, and crepitation, and at some places vesicular respiration are audible. From this time the improvement went on rapidly, and the patient was dismissed quite well on the 24th of the month.

10.—Joseph G., aged 29, five days before his admission he was attacked with vomiting, followed by shivering and heat, with stitches in the side. He was admitted on the 12th of January. The head is hot and giddy; the tongue coated; the taste bitter, appetite bad; thirst is increased; respiration is short and anxious; the expectoration frequent, gelatinous, attended with severe cough and stitches; the pulse 100; the percussion dull under the right clavicle, and the respiration on that side generally bronchial.

Phosph.:—3d dilution every 4 hours.

Almost no change for the next three successive days. On the ninth day of the disease, a copious sweat occurred; the patient slept quietly for some time; the cough slighter and less frequent; the pain lessened so much that on the 18th of the month medicine was discontinued, and he was dismissed perfectly well in a few days afterwards.

11.—Elise K., aged 32, of a slight make, was admitted into the Hospital upon the 25th of November with the following symptoms, after having been for some days under Allopathic treatment. The patient has an almost cadaverous smell, and complains, in a voice scarcely audible, of great weakness and violent stitches in the side. The head is confused; the brow covered with cold sweat; the cheeks have a circumscribed patch of red; the lips are blue; the tongue thickly coated, violent thirst, respiration oppressed; cough frequent, attended with tough rust-coloured expectoration; the extremities cold, the pulse small, weak, rapid, 124;

percussion tympanitic under the left shoulder, at all other parts dull and empty; strong bronchial respiration.

Phosph. :—2d dilution every 2 hours.

On the 26th, the night was sleepless; constant delirium; dyspnœa is very great, the cough is very painful, expectoration difficult; there is great prostration on the evening of the same day. The patient is very restless; the voice very weak and tremulous, considerable delirium, the expectoration of the sputa is effected with great difficulty; the limbs are very cold; the pulse scarcely perceptible.

Phosph. :—1st dilution every hour.

The symptoms continued unchanged until midnight, when she fell asleep for some hours, and from her sleep she awoke with consciousness.

Jan. 27.—Decided improvement. The patient answers questions quite naturally; breathing is easier; respiration bronchial at the upper part of the chest, and attended with râles over all the rest; the expectoration copious, easily detached; the skin warm, the pulse 114. As the improvement continued on the 28th, 3rd dilution of *phosph.* every 4 hours was substituted until the 2nd of May, and after that the convalescence was allowed to proceed without medicine altogether, and she left the hospital perfectly well upon the 12th of May.

12.—Veronica H., aged 23, of a weak frame, irregular in her menstruation; was seized three days before her admission with shivering, followed by heat, oppression of the chest and cough. On her admission on the 14th of April she complained of oppression of the heart, loss of appetite, great thirst, stitches and pressure in her left side. The respiration is hurried and short; the cough attended with pain, without expectoration; percussion elicits a dull sound below the left shoulder blade, where there is bronchial breathing and slight bronchophony; pulse 90.

Prescription :—*Aconite :* 3rd dilution every 3 hours. No change on the following day.

April 16.—Sleep much disturbed; thirst increased, skin hot; respiration oppressed; cough more frequent and more

constant, attended with considerable pain; no expectoration; pulse 110; physical signs unchanged.

Phosph.:—3rd dilution every 3 hours.

April 17.—No change.

April 18.—The patient has slept some hours; the skin is somewhat moist; the cough, though frequent, without effort and with little pain. The expectoration copious and tough; pulse 96; percussion gives a less dull sound, and mucous râles are audible.

April 22.—Medicine discontinued; and the patient was discharged well on the 27th.

Heinrich H., aged 21, of a strong constitution, formerly in good health, was admitted into the Hospital upon the 23rd of March, having been seized two days before with shivering followed by heat in the chest, in consequence of hard work in the open air in cold weather. On his admission he complained of great prostration of strength, anxious dreams, pains in the head, intolerance of light, loss of appetite, great thirst and pain in the chest. The respiration is short, hurried; the cough frequent, brought on by the slightest movement, hollow, without expectoration; the skin is hot, dry; pulse 110; percussion posteriorly on the left side dull; the breathing strongly bronchial; bronchophony.

Prescription:—Phosph.: 3rd dilution every 3 hours.

March 24.—The patient has slept little and restlessly; he coughs more easily, however, and expectorates rusty-coloured matter, mixed with blood. Pain is less; pulse 90. No change on the two following days.

March 27.—A quiet night; the patient is lively; less thirst; skin moist; the cough easy with much expectoration, without pain; respiration freer; percussion sound almost normal; breathing slightly bronchial, attended with crepitation.

Phosph.:—every 3 hours.

On the 30th, the medicine was discontinued, and on the 6th of April he was dismissed well.

Ignaz H., aged 19, a peasant of strong constitution, lively temperament, always healthy previously, was admitted on the 28th of April, having been seized 6 days before with shiver-

ing, followed by pain in the side, cough, and bloody expectoration, for which he had taken various domestic medicines without effect. The face is flushed, the eyes very bright; the skin hot and dry; the head confused and giddy; the tongue coated; complete loss of appetite; much thirst; respiration short and anxious; on every effort to make a deep inspiration, and on the slightest motion, there are severe stitches felt in the right side of the chest; cough frequent, fatiguing, with much bloody expectoration; percussion on the right side anteriorly and below the scapula posteriorly dull; sonorous and sibilous rattles are heard anteriorly, and bronchial respiration behind; pulse 100.

Prescription:—Phosph.: 4th dilution every 4 hours.

The following day there was no change, except that the pulse fell to 90.

April 30.—The skin is cooler and moister; the thirst more moderate; cough slighter and less frequent; the respiration easier; the urine very turbid.

May 1.—The percussion sound is normal; the breathing slightly bronchial; much crepitation; the patient coughs only 3 or 4 times a day, without pain; pulse 80. On the 4th, no medicine was required, and on the 10th he was dismissed perfectly cured.

15.—*Pneumotyphus—Typhoid pneumonia.*

Joseph F., aged 36, of a strong constitution; never ill before, was admitted on the 5th of April, having been seized with shivering, followed by pressive and stabbing pain in the breast, which was much aggravated by his frequent cough. He presented the following symptoms on his admission: great restlessness; sleeplessness, with considerable delirium; the head pained and giddy; hot to the feel; the face very florid; the tongue coated, dry, almost cracked; burning thirst; the respiration, quick, short, and difficult, attended with severe stitches in the right side; the cough frequent, the sputa copious, thin, fluid, saffron colour; the breath offensive; the abdomen very sensitive, tympanitic; frequent, dark watery offensive stools passed unconsciously. The skin hot, dry; the pulse small weak, 116. Percussion gives an empty sound on the upper anterior right side of the thorax; on the

lower part, both anteriorly and posteriorly, the sound is dull; on the left side it is clear above, but slightly dull below; the breathing is bronchial; bronchophony is heard.

Prescription:—Phosph.: 2d dilution every 3 hours; cold cloths to the abdomen, and a cold enema.

On the 6th and 7th no change, except increased delirium.

April 8th.—The patient was a little quieter, and slept 2 hours. The skin is slightly moistened with perspiration; the tongue thickly coated, but no longer dry; the respiration still short and hurried, but fewer stitches; the expectoration tough and glutinous; the abdomen sensitive, but soft; only one brown pulpy stool; pulse 110; bronchial respiration on the upper right side of chest and numerous râles below.

Phosph. was continued, and the cold cloths and enemata discontinued.

April 9.—Decided improvement. The patient slept for several hours without delirium; and the respiration is easier and more prolonged; the pain only felt on taking a deep breath; the cough is trifling; the sputa are copious and easily detached; the diarrhœa has entirely ceased; the skin is soft, inclined to perspiration; the pulse is 110. Much mucous rattle is audible.

April 10.—Visible improvement; phosph. 4th dilution every 2nd hour was given. On the 13th, when he was about to be pronounced convalescent, he was attacked with parotitis, which ended in suppuration, but which soon got well under the use of *merc. sol.* 3d dilution; so that he left the hospital quite well about the end of April.

There is no doubt that pneumonia may be cured by various homœopathic medicines; yet I have been quite convinced by the experience of many years that it is cured by no medicine so rapidly and certainly, without any other aid, as with phosphorus: and I am inclined to believe that a pneumonia which phosphorus does not cure is *as yet* incurable by the Homœopathic method.

16.—*Oedema Pulmonum.*

Hubert C., aged 44, of a cachectic appearance; for some months suffered from dyspnæa, occasional cough, and great

exhaustion. On his admission into the hospital he presented the following symptoms.

The face is earthy pale; the eyes of a leaden hue, dull, and deep in the socket; the breathing short; cough with some serous expectoration. The asthmatic sufferings annoy him much at night, and prevent sleep for which he has a great inclination; pulse 80; no remarkable change in the other functions; even the appetite for food is not destroyed. The upper right side of the chest gives a tympanitic sound, the under portion a dull one; the left side is normal; on the upper right side large râles are audible, below moist râles and crepitation; on the left side vesicular breathing. Although it was at once seen that in this case medicine could not avail, yet an attempt was made to alleviate the sufferings, and to this end *ammon. carb.* 6th dilution was ordered every 3 hours.

The weakness daily increased; the dyspnœa attained a very high degree; the countenance, especially the upper lip and under eye-lid, swelled considerably. After 6 days the dyspnœa amounted almost to suffocation; the eye-lids were swollen to the size of a hen's egg; and suffused of a blue red colour. He died upon the 2nd of March.

Sectio. The body is much emaciated; the lips and eye-lids œdematous, the latter blue. In the right side of the thorax there were three pounds of clear brown serum, in the left a few ounces of the same. Both lobes of the left lung filled throughout with frothy mucus; the inferior right lobe compressed. The heart somewhat large, the substance of the left ventricle thicker and tough (derb); that of the right lacerable; some thickening of the bicuspid valve in its free margin; pale yellow bile in the gall bladder. The spleen is friable and enlarged; a number of purulent deposits, the size of a hemp seed in its substance; and round these an effusion of serum; the pancreas tough, firm, pale; the stomach contracted; its mucous membrane covered with a thick, grey mucus; and beneath this gathered into thick vascular folds about the pylorus; the muscular coat thickened. The intestines contracted; their membranes bluish, grey, relaxed, bloodless; a similar vascular spot at the cœcal

valve, in which segregate purulent deposits, the size of a hemp-seed were found.

Similar deposits, most of them as large as a walnut, were met with in the mesenteric glands, filled with greenish pus as high as the jejunum. The kidneys were pale, relaxed and not above half their normal size. [Was not this a case of Bright's disease? EDS.]

Sarcoma Cerebri.

Marie S., aged 25, married, suffered for some years from pain and giddiness in the head, attended with periodical exacerbations, and sometimes so severe as to bring on vomiting, and confined her motionless to bed, until the attack got better of itself. Latterly the attacks had been so frequent and so severe, that she entered the hospital at the end of February.

Present state. The head is affected throughout with a dull pressive pain, and is confused and giddy. The patient lies with closed eyes always upon the right side; every attempt to alter her position or indeed the slightest motion, brings on violent vomiting to the amount of 1 or 2 pounds of bitter fluid, mixed with much mucus. The pupils are contracted; the tongue coated; sleep, appetite and thirst not much affected; the thoracic and abdominal viscera present nothing abnormal; the temperature of the skin and pulse are almost quite natural.

In so obvious and deep a disease of the brain, cure was not to be thought of; but this did not prevent an attempt being made to afford temporary alleviation. *Bellad. ignat. coccul. nux. veratr.* cold applications and ice pills were tried without the slightest effect. Upon the 8th of March she became worse, lost the power of speech, was unconscious, and died on the 11th of that month.

Sectio. The calvarium 3½ lines thick throughout, and no diploe; the *tabula vitrea* marked with deep furrows and separate cavities for the reception of the vessels. The vessels of the pia mater congested and thickened along the falx; the substance of the brain firm and tough throughout; both of the lateral ventricles and the third ventricle much distended

and containing an ounce of serous fluid; the membrane of the ventricles very hard and tough, and covered with fine grey granulations. In the substance of the right hemisphere of the cerebellum extending outwards as far as the surface was embedded, a reddish grey sarcomatous soft tumour surrounded by a grey softened cerebral matter. The rest of the brain was normal; the left lung adhered to the pleura along its whole extent; the inferior lobes of both lungs congested with blood. The heart adherent to the pericardium along its whole extent; the latter containing little blood. Slight enlargement of the liver; considerable distension of the gall bladder, as well as of the stomach, the mucous membrane of the latter reddened and very lacerable. The bowels collapsed; the uterus large.

18.—*Scarlatina.*

Hedwig K, aged 5, a weak and delicate girl was admitted into the Hospital upon the 21st of March after having complained of sore throat and general disorder for several days. She is very restless, wishes always to be up out of bed, and raves violently. The skin is hot, dry, slightly reddened; the tongue coated; the thirst urgent; pulse extremely rapid; respiration short and quick. *Belladonna*, 6th dilution, every 3 hours. On the following day, the delirium and restlessness were increased, the fauces very red, swallowing attended with difficulty. No other change. Cold sponging over the whole body was ordered. No change in the prescription. Towards evening the skin became moist, and with a moderate perspiration, the scarlatina eruption broke out in great profusion over the whole body. On the 26th the patient was restless but quite rational; the pulse slower; the skin of moderate heat and perspiring; eruption as yesterday.

25th.—She had slept and was now quiet; the eruption is becoming paler; on the 28th it desquamated partially and then went gradually away. She was soon dismissed quite well.

19.—*Variola.*

Charles R, aged 24, was admitted into the Hospital on the 17th of April with slight fever and head-ache. As he com-

plained of nothing else he was left in the meantime without medicine. On the 19th of this month, there appeared the first traces of small pox in the form of hard pimples, the size of a hemp seed, on the breast and hands; the colour of these passed into violet.

On the night of the 20th, the patient raved much, and perspired freely, emitting a cadaverous odour. On the following morning he spoke incoherently; the perspiration continued; great heat in the head to the touch; the tongue dry; great thirst; almost no change in the eruption. *Bellad.* 2nd dilution every 4 hours.

21st.—The patient was so violent in the night that he had to be confined by a straight waistcoat; the pulse is 124; the atmosphere offensive; the pimples are more elevated and some of them purulent. *Bellad.* 1st. dilution every 2 hours.

22nd.—The patient is quiet, sensible, the majority of the pocks are purulent, the offensive smell is gone; he has slept a little; the improvement advanced so rapidly after this that he was dismissed well upon the 28th of April.

20.—*Febris intermittens quotidiana.*

Magdalena T., aged 18, always enjoyed good health, was seized 6 days before her admission without any known cause, with a violent shivering which lasted from 7 to 9 o'clock in the evening, this was followed by heat which lasted for half an hour, and the attack terminated in a sweat which lasted an hour and a half. More attacks returned daily at the same time and in the same order, and after trying many domestic remedies in vain, she was admitted into the Hospital on the 14th of April. As a more minute investigation afforded no other symptoms, the patient was left without medicine to allow an attack to be observed; at 4 in the afternoon she felt herself unwell and required to lie down, at 5, she felt decidedly cold, which increased to shivering, and was accompanied with severe head-ache and great thirst; to this succeded heat and sweat, without any other complication.

Prescription:—*Ipecacuanha:* 1st dilution. *Nux. v.:*—3 every 4 hours alternately.

The next and following day, the fever did not return, and after she had been 8 days in the Hospital under observation, she was dismissed as well.

In the year 1842, I cured all cases of intermittent fever with *Ipecacuanha* and *Nux. v.* very speedily, indeed in the case of most patients it remained away after they had taken one or two doses; but in this year, however, it did not do so well. The patients had still several paroxysms, or I had to administer other remedies. What the cause of this is, I cannot venture to assert.

It will be manifest from these few cases which I have related that I have endeavoured to be as simple as possible in the treatment, and to give as few medicines in one disease as possible. For this simplicity, I am found fault with on many grounds. 1st. I individualize too little: 2nd. I am *no true homœopathist:* and 3rd. Little or nothing is to be learned from such a mode of treatment. But it might well be asked whether more individualizing be shewn in giving *Belladonna* in all simple cases of Scarlatina, *Mercurius* in every simple ulcerated sore throat, *Rhus.* in vesicular erysipelas? Or is one case of pneumonia from its very nature, except in degree, more different from another case of pneumonia, than one case of scarlet fever from another?

True, my treatment is not set off with any glitter of hypothesis, or by the lustre of theories, or by the halo of erudition; but it is based upon extensive experience and calm observation; and I have adopted and held fast by homœopathy, because I have convinced myself that quicker, better and milder cures can be effected by it than by any other system; but not for the sake of being called a homœopathist, and I shall gladly renounce the name when any one makes me acquainted with a better method. Whether a physician in beginning to study homœopathy, learns more when he sees one pneumonia or typhus case treated with ten remedies, or when he sees ten pneumonia or typhus cases treated successfully with one remedy is not difficult to decide.

SOME CASES CURED BY LACHESIS.

By Dr. Hering, of Philadelphia.*

1.—A woman of 76 years of age, who had long suffered from a suffocating cough, which prevented her lying down at night, and who had besides œdematous feet, &c., was for some time treated Homœopathically with alleviation of the swelling of the feet and distension of the abdomen. She afterwards got *arsen. nux.* and *ipecac.* with temporary benefit. Lachesis proved of the greatest efficacy in this case, and although from not being able to watch the case for a length of time, I cannot say whether that benefit was permanent, yet I shall detail the particulars of it.

The chest was, as it were, stuffed (vollgepropft). She cannot lie down, from a sense of suffocation, and must open the doors and windows to obtain air; a suffocating, *short cough with scanty and difficult expectoration* (characteristic of Lachesis). She is frequently better, and is then able to lie down, but the head must be always high, and she generally rests it upon her hand.

Fever every night at 10 o'clock, with urgent and unquenchable thirst, dryness in the throat and mouth, she can scarcely breathe for thirst, she must continually moisten the mouth; drinking does no good, and she dreads it; apples alleviate it somewhat. The fever begins with rigor on going to bed, and the heat continues till about 4 in the morning, *with intervals of shivering;* there is sweat towards morning. Teazing pain in the temples during the hot stage, with burning heat in the epigastrium. So sleepy, day and night, that she cannot resist the inclination, but yet she cannot sleep, except a little towards morning. Frequent micturition, the urine is scanty, dark brown, and turbid.

Abdomen distended, much annoyance from flatulence; cannot bear anything upon the abdomen.

Little appetite, stool daily, frequent coryza.

Some weeks ago, another most annoying symptom appeared, which was very characteristic of Lachesis, and induced me to give this medicine, particularly as all the other

* From the XVth vol. of the Archiv. für die Hom. Heilkunst.

symptoms were suited by Lachesis. It was this: the feeling of *a ball in the throat*, as if a button was fast stuck in the pit of the throat (halsgrübchen); not perceptible on swallowing food but perceptible on attempting deglutition, and during this it seems to rise and sink, as if it were turned round. It always feels *as if she could bring it up but it will not come* (characteristic of Lachesis). *She must have the whole neck bare*, cannot even endure the bed-clothes upon it, nor even tie her cap-strings on her throat. A short time before the appearance of these symptoms, she had a swelling between the collar-bone and first rib.

After taking Lachesis, the ball was much more perceptible, and seemed to threaten suffocation. On the morning of the third day, 48 hours after the dose, some red blood was *hawked up* with much effort, a thing that had never happened to her before in her life. After this the ball in the throat disappeared, and she felt in every respect so much better as to consider herself quite cured; and I have never heard more about her.

2.—A young, robust, sea-captain, who had previously suffered from abscess of the throat, suddenly felt as if a fish-bone had stuck there, and some days after felt, with increasing discomfort, as if a sponge were hanging in the throat; it seemed to impede his breathing, and he felt as if he could hawk it up, but the attempt gave him pain, and did no good. He also felt as if there was a small dry spot, from which pain extended to the ear. There is continual inclination to swallow; there is no pain felt at the spot on swallowing food, but there is during deglutition, and on applying external pressure. When he presses the throat, he feels as if the eyes would spring out of the head, and externally as if he had got a blow upon the neck. Between the sternum and glottis he has a throbbing, *choking* sensation. The throat is better in the morning; it begins 2 or 3 hours after rising, and continues until the evening. It is little felt during the night.

After the first dose of Lachesis, the chief symptoms were all better; after 4 days he was again worse, and he took the second dose upon the fifth day. This produced new indica-

tions, and after another dose, with a similar interval between, started on his journey in perfect health.

3.—A lady, of a weak frame of body and a quiet sensitive mind, had suffered much distress from the death of her husband and the loss of her fortune. During the suffering from grief on account of her unaccustomed poverty, an affection of the throat became developed, along with shivering and fever; the affection went and came, and seemed to depend much on the state of the weather. When the catamenia were not present (she was in the climacteric period), the affection of the throat was more severe, and it became less when the catamenia returned 5 weeks afterwards; but on the following week it became so troublesome as to oblige her to seek medical assistance. She had undergone no regular medical treatment hitherto, and had never been ill before.

Pain, especially to the right of the throat, increased by pressure, as if a thick substance were there, and it feels very dry. She feels no difficulty in swallowing solid food, or in deglutition, but she cannot easily swallow fluids, and must be very cautious while doing so not to have the drink forced back by the nose. The pains are worse when she washes in the morning and after sleeping in the day-time; they generally disappear in the afternoon; at this time the affection of the throat becomes so prominent, without being painful, as to prevent speech altogether. There is so much swelling of the throat that the speech becomes quite unintelligible and through the nose, many words she is quite unable to pronounce; the more and the longer she speaks, the worse it becomes; the voice is quite nasal, and at length altogether lost. In the morning, the speech is attended with pain in the throat, but is more distinct. The sufferings are aggravated in damp weather, when there is also pain the back.

No medicine suits these symptoms so well, not even *Bellad.* as *Lachesis.* After the first dose the symptoms were all worse; during the improvement which followed, fire broke out at a neighbour's house, and the patient suffered from the alarm. She got another dose, which produced aggravation also and new symptoms. Soon after this, during her improvement, the catamenia appeared; and after this was passed, she got a

third dose. After this, new symptoms set in, yet there was standing improvement, and in the course of a few weeks she was completely restored to health. During the damp weather she became again affected with pain in the throat and hoarseness, for which she took *carbo. veg.*, which was followed by complete and permanent cure.

4.—A lady was infected with syphilis from her husband, and not knowing what the primary symptoms indicated, she did not seek advice or do anything to arrest the disease until it appeared in the throat. Then the most distinguished physicians in New York and Philadelphia were consulted, and sometimes the disease was better and sometimes worse. Thus in ten years she had consulted eleven physicians, and had used the various methods of the day, each of which seemed to do temporary good, but the return of the attack was always aggravated with some new and worse complication.

For two years, with short intervals of relief, she had suffered from severe sore-throat and cough. The soft palate and pharynx are full of cicatrices, between which may be seen small ulcers of a greenish yellow colour, seated deep in the pharynx. There is severe pain on swallowing food; she cannot swallow anything either sweet or pungent, nor any thing hard, not even a morsel of bread; she is obliged to feed entirely on soft food; the pain is sometimes so severe that she cannot swallow anything at all; and at all times when she drinks, some of the fluid returns by the nose.

The ulcers produce a continual titillation of the throat, which induces cough; there is a constant hawking (racksen), going on to empty retching without nausea; there is seldom any expectoration, and when there is, it is brought up with extreme difficulty, and at the risk of suffocation.

There is constant salivation, so that she is often disabled from speaking by the salivation, cough, and expectoration; if the expectoration occurs after dinner, she frequently vomits her food.

The throat is painful externally to pressure, and here and there are to be felt painful lumps. The pain of the throat extends as far as the ears, which feel as if stuffed.

There is urgent desire of micturition, and much urine is

passed, often there is burning pain when the water is passing.

Formerly there was much leucorrhœa, which however diminished under homœopathic treatment.

The catamenia are regular, but always attended with pain, like labour pains, in the loins, but only much more severe; some days before and after, violent diarrhæa with intolerable tormina. In general there is great costiveness, on one occasion she was 20 days without a stool.

She is frequently feverish, shiverings alternating with flushes of heat.

She is besides haggard, and her face is of an unnatural colour, the cheeks are yellow, with traces of red vessels visible, and spots of circumscribed red; the nose is pointed and red, as if raw from a sore, and there is always stuffing of the nose.

She is very sleepy during the day, and yet sleeps very well at night when she is not kept awake by the cough, nor by the pains in the head and limbs.

The attacks last frequently for half a day, the head-ache is frightfully severe, the brain feels as if it would burst the skull, especially at the temples; this generally begins on rising in the morning, seldom in the afternoon. Lying down relieves the pain, but as soon as she raises the head, whether she sit or walk, the pain is equally severe. She has also frequently attacks of pain in the limbs, in the back, loins, right hip and knee, less frequently, also in the left; these attacks occur at night, awaken her, and oblige her to rise; they drive her nearly frantic for the time; the pains are piercing, griping, and squeezing, and frequently recur.

The characteristic symptoms of this group are peculiar to Lachesis alone, hence it cured this syphilitic perennial disease, which had been mistreated for ten years, in a few weeks. After the very first dose, the pain in the throat and the cough were lessened. As after 6 days the pain in micturitition and in the head increased, she got a second dose; when afterwards the rheumatic pains returned with much severity, she got a third dose; these doses relieved the costiveness. After 14 days, the cough and head-ache returned, she then got a fourth dose. Then there appeared

what seemed a crisis, for suddenly there was a copious discharge of blood and pus from the nose, as if a large abscess had opened. It felt as if it came from above the eyebrows. The second day after the fourth dose, the catamenial discharge appeared, it might be a day or two premature, but unattended with pain or diarrhæa. The leucorrhæa was entirely gone.

Her face was now was of a natural colour, she felt strong and healthy, and as if metamorphosed; had no pain or suffering of any kind, and could swallow perfectly.

Some weeks later, a chill brought the hoarseness back, but this was removed by dulcamara.

5.—A young man, weakened by disease and by medicine, had suffered much from pains in the bones (probably mercurial syphilitic) of the right arm, which had been still further weakened by the fracture of the clavicle. After he had been cured of this pain as well as of caries of the upper jaw, and had remained perfectly well during 4 months of the coldest weather, that is from December to March, he was attacked, without any ascribed cause, except that he had taken a piece of ice in his hand, suddenly one morning with the following affection.

Swelling of the back of the right hand, extending down the fingers; the whole after a few minutes became quite livid. After being wetted with hot brandy it went off; but after some days it returned as suddenly as before, and much more severe, and then it appeared every day, each day earlier than the foregoing, and continued 3 or 4 hours.

It begins with severe itching and "creeping" (kriebeln,) the hand becomes blue and gradually darker, and has the appearance of a contusion on the worst part, but more transparent; it is at parts (marmorirt) mottled; the hand looks as if it were stuffed, it is so hard.

The affection now goes from the middle of the back of the hand, over all the fingers, the hand is ice-cold, but seems to him burning hot, it is very sensitive to pressure, and he can bear nothing to lie upon it; burning and pricking in the finger-ends; the heat of the stove relieves the pain, but increases the creeping sensation.

Throbbing pain at the outside of the wrist the whole day;

sharp pain extending up the arm as far as the elbow; spasmodic (?) pain in elbow joint when he carries his arm in a sling, not when he allows it to hang; by every attack there is pain at one small spot under the shoulder, (affection of a vein ?). There is pricking and burning in the hand as it goes slowly away.

Lachesis given after an attack, made the succeeding one slighter, and there was more. It was observed at the last attack, that the cold finger-points when rubbed became white, and by repeated stroking of the finger upwards, the blood was forced into the upper veins, thus the blue colour left the fingers; but it was more difficult to recover the back of the hand.

6.—A woman had to take charge of a child affected with the itch. After some months she became affected with the itch; *psorin* only increased, and after various medicines, she got, on account of the dark blue vesicles, the swelling, and the burning pain, *arsenicum*, which however did no good except at first, and on its repetition increased the disease, and brought on bilious vomiting.

She had itching on the whole body, on the hands and feet; *after burning pains* there appeared itch vesicles; attended with much itching, throbbing, heat, there formed a large diffused red swelling; here and there among the small vesicles a larger vesicle the size of a nut was seen, at first full of water, but afterwards containing pus, and there was great inflammation at the time as far as the elbow and knee; some of the pustules instead of being yellow were dark blue, with burning throbbing pain in the whole swelling, as if the flesh were being torn from the bones; the attacks made her almost desperate; the pains attack the head, teeth, breast, and back, and dreadfully severe burning pain is felt in the head, which causes a sense of sickness and nausea; throbbing and beating is felt in the head by every movement.

After the attacks she lies in a stupified sleep; the pains are worst at night; she has constant thirst, but drinking makes her sick. Sometimes the itching goes off, and then she is very short of breath and full of anxiety.

After the first dose of Lachesis she was better, and the

head-ache was gone. After some days a second dose was necessary. In a week she was quite cured, except the remains of stiffness in the joints of the fingers.

7.—A strong young man became affected with pain in the second toe of the right foot without any known cause. By the evening from thence as far as the knee a livid swelling had extended, which was more painful when he walked. Salt and vinegar removed the swelling, but still he could not walk. There is much pain in both knees, he cannot stretch out the foot, and can scarcely move from the spot. The toe is still painful on pressure, in stretching out the foot on walking, and he cannot put on a shoe.

Four days after the first dose of Lachesis he could walk without any annoyance for half an hour, and he has now some sensibility in the ball of the foot to pressure. After a week a painless tumour appeared in the cheek, but he did not wish to take any medicine, and I have not seen him since.

Lachesis I have found very useful in many cases of so called shortening of the tendons, sensation as of threads stretched along the arms, legs, or from the back of the neck to the eyes, and in various other sensations of tension.

8.—A young man suffered from what was considered to be dyspepsia, and was quite exhausted by the disease and the remedies. Ever since the first accession of the disease, he had had no passage in his bowels except from laxative medicine. Several Homœopathic medicines only brought out the symptoms of the complaint in a clearer light; on the whole he found himself better, although he had still the same symptoms as before and some new ones in addition. These new ones afforded the best indications for the remedy.

His appetite was occasionally very good, occasionally absent; sometimes he is so tormented by hunger that he cannot wait for a meal at the proper time. After eating he is giddy, heavy, and indolent, with a suffocating sense of dyspnæa. The stomach is painful from flatulence, he must often eructate, which gives him relief. Sometimes he vomits his food; when he gets no relief from eructation he becomes very ill.

At a small spot between the navel and the epigastrium a sense of unpleasant pressure, which takes away the breath, and it also is relieved by eructation. Throughout the whole day he has frequent attacks of nausea and dyspnœa, weakness even to syncope, and palpitation of the heart attended with cold sweat.

When lying in bed at night the slightest covering over the nose or mouth produces suffocating dyspnœa.

He sleeps ill on account of continual dreams and frequent awakening, and in the morning he is heavy and out of sorts.

Costiveness as before.

He is very pale and emaciated, and the colour of the face is a dim whitish yellow. He has pain in the legs and stiffness of the knees after sitting.

After the first dose of Lachesis, the only medicine which has all these symptoms, and in the same order, first the sleep improved, then the colour of the face, and then the eructation and the other symptoms therewith connected. The fits of dyspnœa become less severe and less frequent, but the painful sensation on pressing a particular spot of the body remained. After the second dose, all the symptoms were alleviated, even the costiveness. After the third dose some new symptoms appeared, but the aggravation of former ones which had followed the second dose subsided, and the improvement went fast on. After some weeks his colour was fresh and healthy, and he was in strong vigour.

Great exertion and errors in diet, made some other medicines necessary, but the symptoms cured by Lachesis never returned.

9.—A young man of phthisical habit of body, had suffered from pneumonia in autumn, and as happens in half the number of cases after severe depletion, he pined away and came to me in spring quite emaciated, and suffering from a constant cough. Sepia seemed to correspond with the symptoms, and it had so good an effect as to change the man's appearance altogether.

But the improvement went on only for three weeks after the first dose and after the second dose, the complaint increased. This I always consider as an indication that a

medicine does not answer, but that it is necessary to give some other medicine related to this one. Several other medicines, among the number, *stannum* relieved the accessory symptoms, but only brought the essential ones out in clearer relief—for example, *cough always after sleep.* This forced me on Lachesis. The symptoms were:

Short superficial tickling cough, which is very exhausting, sometimes causing vomiting. Expectoration attended with much difficulty, and what is expectorated is of two kinds, thin tough mucus and thick roundish lumps. He often coughs, hawks and spits without bringing up anything. He coughs only during the day, (this day cough is very characteristic for Lachesis, but also a night cough of which the patient is ignorant. They often appear together without the latter being observed). More cough in the open air, and after speaking, which seems to make every thing dry. It is always worse in damp weather, and after eating fish. The cough often seems to originate in the epigastrium, where it produces a tickling sensation, and also severe pain. There is a pain as if from suppuration under the ribs also in the trachea, and much water brash. He is also always short of breath, especially after working with the arms. He has, especially after rising from the sitting posture, such a stiffness and weakness in the knees, that he can scarcely move from the place; he is always much bent as if from weakness. He has nausea and want of appetite in the forenoon.

After Lachesis the cough was very bad for an hour, then he expectorated some yellow matter for the first and only time. After this the cough became looser, gentler, and less frequent. After 3 or 4 days the symptoms re-appeared, the colour of the countenance alone remaining improved.

After the second dose, improvement again occurred, and went on progressing for some time. After some more doses, all his suffering almost entirely disappeared, the hoarse phthisical voice was better, he walked upright and quick, and felt so strong and well, that he went on a journey of business.

ON THE NEW MEDICAL SCHOOL, AND THE CAUSES THAT PREVENT ITS BEING MORE GENERALLY ADOPTED BY MEDICAL MEN.

FROM A LETTER WRITTEN TO A MEDICAL FRIEND.

By J. Gilioli, M.D., LL.D.

Inter causas malorum nostrorum est quod vivimus ad exempla, nec ratione componimur sed consuetudine abducimur.—*Senec. Epist.* CXXIII.

You were quite right, my dear friend, in believing that mere positive evidence, however cogent and frequent, could not have so soon decided my conversion to the new Medical Doctrine. I have often observed to you that ever since the scientific method of Bacon has been carried to a superstitious exclusiveness, facts became idols in the scientific world; *facts and nothing but facts* was echoed and re-echoed from all quarters; analysis was the only orthodox worship in science; synthesis was held a heresy, and theoretical views were scarcely hinted at with timid caution or reluctance. You are yourself aware that such scientific superstition, is now beginning to give way, and it was to be expected. Doubtless well ascertained facts, as obtained by careful observation and experiments, are the only materials with which a scientific edifice can be constructed; and facts as such are certainly invaluable to the philosopher. But while, on one hand, the collector and even the generalizer of facts should not deem their work as the ultimate aim of science; on the other they should know that to ascertain well, and establish a scientific fact, is often extremely difficult. This is altogether overlooked by those who fancy sensations to be the greatest realities in the world; for to them indeed the limits, imperfections, and casual abnormalities of our senses are the only obstacles that may come in the way of a scientific inquiry. There are, however, other difficulties, and, not to speak of such pre-conceived notions or wished-for results as invariably influence the *subjective* activity of the senses, sensations themselves are nothing but alphabetic letters in the *language of nature*, and these letters must be properly combined that they may form words, and these words again must be arranged in accordance with a logical syntax that they may

express the *thoughts of nature.* Now these thoughts are in reality the facts of science; let us try then to combine them properly, and we shall get *nature's sentences* and *speeches,* which will reveal to us much more of its laws and being than its simple *a, b, c* and detached words; still let us not forget, in the meantime, that such combination of letters and arrangement of words are our own doing; and on this account such sentences and speeches may contain the glaring errors as well as important truths, and oftener some of both; in Natural sciences they may become theories and systems whose worth time will show. What I have just said, then, will confirm you more strongly in your apprehension, that the new Medical School must have offered to me something better than mere isolated facts or cases to carry my full conviction.

You say that you feel very much puzzled, that you are at a loss what to decide upon, that without further assistance you cannot make up your mind between the two Schools; you find that the high pretensions of Pathology, as compared with the wretchedness of Therapeutics, have made you a complete sceptic in practical Medicine, while the apparent empiricism of Hahnemann's *Organon,* and of other homœopathic writings, have almost digusted you, and driven your mind more and more to the same negative condition. I sincerely sympathize with you, my dear friend; for scepticism, as being a state of transition, is of necessity anomalous, painful and chaotic; I know it by experience, and yet it cannot be prevented, whenever, progressing in the path of truth we step from a *cycle* that has just ended its evolution to another *cycle* that commences to be evolved. But woe to him who labours under a *painless* scepticism, his march is at an end; the rapid trains of progress will run through distant regions, while he remains still in coldness and darkness. Your present suffering is then so far ominous, but, I have no doubt, it will soon leave you and give place to the joy of knowing truth. To this end then, as you wish, I shall endeavour to help you, and, as far as it lay in my power, to give you evidence of what I consider to be true and important in Medicine.

Doubtless when we behold the Natural sciences, that are

still called *auxiliary* to Medicine, with a kind of unconscious mockery as you say; and when we compare their majestic greatness with the dwarfishness and stinted growth of practical Medicine or Therapeutics, we are led to conclude, that men for ages have been tormented with all sorts of pains and loathsome maladies, that they might learn Botany, Mineralogy, Zoology, Chemistry and Physiology; while, on the other hand, if we really persist in regarding these parading sciences as *ancillæ* to practical Medicine their Queen, or if you prefer, as *portals* and *atria* leading to the *temple of Hygea*, why, you are quite right to say, that they recall to your mind the pregnant mountains and the ridiculous mouse, their offspring.

It is quite superfluous to tell you how the most conscientious among our brethren have deeply regretted the chaotic confusion and glaring imperfections of Therapeutics; many of them, after years of anxiety and disappointments, retired from practice in perfect disgust, or in a state of permanent scepticism; others, soon after their education, seeing from afar the thorny field of practice, kept aloof, and betook themselves to the genial cultivation of more fertile fields in the Natural sciences. Hence the necessary results, that followed, were the round-about motions of an empiric Therapeutics, and the progressive march of the so-called auxiliary sciences; the latter, in their tendency to join practical Medicine, succeeded so far as to sketch a necessary link of junction, that is, Pathology, which through them grew into a promising condition; yet beyond this the chasm remained, practical Medicine, as heretofore, stood isolated and in a wretched confusion, though nominally the object itself of the whole scientific activity. Progress in the scientific department had really nothing to do with the empiric drudgery of the Medical practice; it has signified very little that the Materia medica got now and then some new plants and minerals, from Botany and Mineralogy, or some essential principles, acids or alkalies, from Chemistry; nor has it hitherto signified much that Medical practice has learned from Pathology how to define better the seat and development of maladies, to form their diagnosis and prognosis, and even to point out organic changes after death. All this may

look very grand and very learned, but it has led almost to nothing in the way of preventing disease and restoring health. There is an illness whose nature and extent we imagine we know; here are remedies that may be useful to destroy that illness; but we are not quite sure whether they will really help, we know only of precedents of cure by them; we know of no principle to guide us in the application of such remedies; at best we can relieve a diseased organ only by injuring another. Hahnemann comes forward, and points out to his professional brethren the real *desideratum*, namely, the therapeutical law; he gives it a formula, *similia similibus curantur*. This, it would appear, ought to have been hailed as one of the greatest discoveries in Medicine; but medical men set their face against it and then neglected to test it and trace its momentous bearings on the normal and abnormal conditions of life. For the discovery of this therapeutical law did not necessarily result from the late progress of the auxiliary sciences of nature; nor as yet has the knowledge of this law become a permanent link between such sciences and practical Medicine. On one hand the observation of therapeutic or curative effects of certain medicines called *specifics* upon diseased individuals, and on the other, the observation of pathogenetic effects of the same medicines upon healthy individuals, led, by generalizing particulars, to establish the therapeutical law, upon which our great Master has founded the homœopathic practice of Medicine. Thus the homœopathic principle obviously sprung up altogether unconnected with the auxiliary sciences; while the Medical practice that is founded thereon, as depending merely on clinical observations and a corresponding pathogenesis, would appear to sink into a complete empiricism. Have medicinal substances proved in the healthy individual, have their pathogenesis recorded; and the corresponding symptoms in the diseased will point out to you the remedy. This would seem to be, in point of fact, all that is required; accordingly, Natural History, Chemistry, Anatomy, Physiology, and even Pathology, might be regarded as fine accomplishments for the human mind, at best as useful for economical purposes; but their utility in the practice of Medicine would not appear very obvious. To be candid, however, we must say that our empiric

symptoms-covering Homœopathists are not a step lower than many Practitioners of the Old School. Let the Surgeon learn his descriptive and still more his *regional* anatomy, his principles of Surgery, and still more, with hands and knives, his operative Surgery, all the rest they say is but a mere glittering ornament; let the young Physician attend to his Materia medica, and more particularly to the doses, incompatibles and prescriptions; let him learn his practice of Physic in hospitals and dispensaries; let him also experiment, without guiding principles, in *corpore vili*, and all the rest is only an imposing and useless display. So they say or think, though they may admit that such ornaments form after all a fine cloak, and a useful one, to wear over a ragged empiricism; Our Doctor does not know upon what principles he prescribed for you, say *ipecacuanha*, in *Asthma humidum;* he prescribes it because he knows empirically, from clinical records, that it had been formerly given by others in similar cases with advantage; he knows however, scientifically, that the *Cephælis Ipecacuanha*, in the sexual system of Linnæus is one of the *Pentandria monogynia*, and, in the natural order of Jussieu, one of the *Rubiaceæ;* he may know scientifically, that the *Asthma humidum* is but a symptomatic asthma, the main malady being seated in the bronchial tubes, which, after a long chronic bronchitis, may undergo a kind of constriction or stricture. However, it is obvious that the necessary points were the empiric observation that the patient was affected with short breathing and a formation of phlegm in the air passage, and the empiric knowledge or remembrance that in such cases ipecacuanha has been often used with advantage. This is always the case whenever certain remedies are blindly and empirically prescribed as known specifics. Here, however, our Galenian disciple is left somewhat to his own resources, and his great talent will be shown in penning an *elegant* prescription. *Ipecacuanha* may be associated with the *Pulvis Scillæ*, or with *Sulphas Zinci*, or *Camphora* or *Pulvis Myrrhæ*, &c., and the mystic prescription communicated in a *classico-barbarous* language, and with Arabic signs, will soon set the learned apothecary at work, and soon the happy mixture will grace the palate and stomach of the patient. Thus any ad-

ditional knowledge whether botanical or pathological, may answer well for a display of learning, whether at the bed side or in the hall of a medical Society, but this is all; and yet it cannot be denied that a correct diagnosis and prognosis will enable the Physician to hold out hopes of recovery or to prepare other's minds to a fatal end, which is certainly of some use. Nevertheless this does not alter our assumption, that the selection and administration of a remedy, as a specific, appear independent of any scientific knowledge, but guided solely by clinical empiricism. The old school, however, boasts of possessing far higher therapeutical methods, than the mere empirical specific. They call them rational, and every kind of empiricism in them is boastingly disclaimed; we comprehend them under the general denomination of *Allopathy*. Of such methods those that follow the therapeutical law of Galen, *contraria contrarus curantur*, may be designated as *Antipathic*. Here we may distinguish both a speculative and a positive ground; in the former we see Pathology attributing certain qualities to morbid phenomena, such as *sthenia, stimulus*, &c., Therapeutics doing as much with regard to the remedies of the Materia medica. Thus a morbid phenomenon that is deemed a state of depression or stimulus, must be treated by a remedy that is regarded as a tonic or a contro-stimulant. In this path which sheer speculations or arbitrary distinctions have chiefly struck out, the history of medicine points out various doctrines with their doctors; such as Brown, Rasori, Tommasini, Broussais, &c. In the positive ground we perceive mechanical, and still more chemical observers at work in both the pathological and pharmaceutic fields; here a secretion is found abnormally acid, the secreting organ then must be acted upon by an alkali; excretions by an abnormal volume or accumulation may produce a mechanical injury or pressure, and thus indicate evacuating means. No doubt some facts thereby elicited may have contributed to advance Pathology, Chemistry, and Pharmacy, yet if we only recollect the *power of reaction* in the living organism we must, except in a few cases, reprove altogether as mischievous such antipathic method.

But by far the most favourite method in the Old School,

is now that of *Revulsion*, which has also been called *heteropathic* method; here an important organ or function in a morbid condition is relieved at the expense of other of less importance. Doubtless such method may answer, and answers well sometimes in palliating ailments or even affording instant relief, yet such imperfect cure is assuredly performed neither *tute* nor *jucunde*. The best practitioners of the Old School avail themselves of this method very frequently, though not exclusively; and here the ingenuity and tact of the practitioner is often shewn in forming a diagnosis and a prognosis. All these attempts, however imperfect, we would willingly and indiscriminately hail as having been intended for the relief of human suffering, and having certainly contributed to advance theoretical and practical Pathology as well as the Sciences of nature; but, unhappily, such attempts are connected of necessity with the greatest sufferings of men, and the serious hazard of their life. In point of fact, a reversion between the end and the means, has here actually taken place, whether it be wittingly or not; the collateral sciences, avowedly the *means*, have actually become the *end*, and *vice-versâ*, the practice of Medicine is often turned to the purpose of *means* though acknowledged to be the *end* and to have been originally the *cause* of all scientific activity. This, we may be assured, cannot be so; and as long as Natural sciences are intended and will be directed to assist Practical medicine, the latter must be so far the ultimate end to be promoted by such auxiliary means; and as such, it cannot fail to rise gradually towards perfection.]

The Practice of medicine, however, must always be an art, and therefore *positive* in its character. Speculations and theories may within due limits be ventured in Pathology, and the sciences leading to it, but medical Practice must be essentially positive. Let us however distinguish carefully a positive from an empiric practice of Medicine; in the former the practitioner is guided by scientific principles, both pathological and therapeutical; he observes, inquires, and accordingly treats disease; while the latter consists merely of limited observations in a routine-like way, and of a blind selection of remedies merely from authority, and under no guidance of scientific principles; the empiric practitioner can go no further; and

sciences are dead letters to him. But the enlightened positive practitioner is well aware that improvements in the practice of Medicine must be expected *immediately* from the scientific progress of Pathology and Therapeutics, and *mediately* from all the other Sciences of nature. Accordingly he will never lose sight of such sciences in their incessant progress, nor would he decline to assist in promoting their development. Doubtless all scientific inquiries and discoveries bearing upon the Science of life, in its normal and abnormal condition, and upon any agent that can modify the vital phenomena, must ultimately prove useful to the practice of Medicine. They will rectify and extend our knowledge in Physiology and Pathology on one hand, and on the other guide us in our experiments and observations for the selection of the best remedies, and the establishment of the best rules in Hygiene and Therapeutics; meanwhile these four branches of medical science will grow parallel to each other, and will by degrees bend towards each other, and thus form, so to say, a beautiful bower of medical knowledge.

In the old School of Medicine the chirurgical method, when really required, is above criticism. On one hand pathological science, aided of course as it must be by Anatomy and Physiology, will assist the Surgeon in his diagnosis, and then the art in which he has been trained, will enable him to perform the operation that is required; unfortunately it often happens that surgical operations are not at all required, and then, if not avoided, what an incalculable injury must be inflicted. Moreover, a practitioner can scarcely ever practice as a mere Surgeon; a disorder or an injury that requires an operation, will always be more or less associated with other derangements of health, and need therefore a medical treatment. A Surgeon of the Old School will of course administer remedies according to either the antipathic or the heteropathic method. The scientific and positive character of these two methods of medical practice, especially the heteropathic one has been necessarily confined to the pathological department; for as to their Therapeutics, it has remained either empirical, or altogether erroneous. The discoveries in Pathology, however great and valuable in themselves, have proved hitherto of very little service.

The homœopathic method, the method *par excellence* of the *new rational and specific School of Medicine*, has still to contend with many difficulties in its practical and theoretical development. This is owed chiefly to its labouring still under excommunication from the great bulk of the medical profession, and being thus left to the mere patronage of incompetent judges, and in the hands of but a few cultivators.

There can be no doubt, however, that the scientific and positive elements of this method harmonize with each other far better than in any of those of the Old School; and that they are moreover extending, and will more and more extend by a parallel course, equally to the pathological and therapeutical departments of medicine. I do not deem it necessary to give you here a complete sketch of the main principles of the new dynamical doctrine, and its consequential homœopathic method; I shall merely throw a few hints on the former, for as to the latter I see you are perfectly well acquainted with it.

The best plan for clearing out your doubts and setting you in motion with ourselves will be, I think, to point out and examine the principal Causes, which, in my opinion, appear to prevent many able and conscientious medical men from inquiring into, and still less welcoming, and adopting the new Hahnemanian Therapeutics. In doing so I must necessarily touch and even dwell upon various points, both theoretical and practical, which I consider most important to elucidate the actual condition and the future development of the New Medical School. Thus you will easily satisfy yourself that such Causes are actually in operation, as facts, in the present condition of Medicine; and if you perceive that some of these causes are influencing also your mind, you may then be induced to avoid or remove them; when, I feel assured, you will no longer delay to go busily to work with ourselves in our fertile vineyard. These causes then I hold to be principally:

1st. An ignorance or inadequate knowledge of the History of Medicine.

2nd. The pre-conceived notions, erroneous or imperfect, concerning life in its normal and ab-normal conditions.

3rd. The unscientific character assumed by, or belonging to many homœopathic practitioners, whether utterly uneducated or imperfectly educated on the natural and medical sciences.

4th. The hostile attitude of many of the followers of the New School indiscriminately against the Therapeutics, or even against all the scientific departments of the Old School.

5th. The necessary imperfections under which the New School must still labour in its recent formation.

6th. Lastly, the great difficulty of shaking off the fetters of early education, habits, and imitation, a cause which necessarily bears on, as being at the bottom of, many others.

Now to begin with the ignorance or imperfect knowledge of the History of Medicine, I have no hesitation to say that a *philosophical* knowledge of this history, among the cultivators of Medicine is a great *desideratum*. To know historical facts merely in their chronological order, is comparatively of little use; we must investigate the real spirit which facts reveal; and as soon as we get at this spirit, which is the real meaning of such facts, the *substratum* of mere outward phenomena, then we possess what I call a *philosophical* knowledge of history. Such investigation, however, must depend upon a peculiar training of the mind, as it goes on gradually in the universal contemplation of all that is within and without ourselves, and in our efforts to harmonize the whole with each of its parts. History must be studied, as it were, with the two opposite faces of Janus to look at once towards the past and towards the future. It is of no use to know history if we fail to get a knowledge of its tendency; such knowledge is a necessary bond of union between historical events as past, and the historical end as future; for all that is and is to be, implies a development; and it is such development that in *space* we call *nature*, and in *time history*. As an order of ascension is observable in nature, the *topical* development of things; so a similar order will be found in history, the *chronical* development of things, which therefore cannot admit of either stoppage or retrocession. We see in Nature, viz. in the *space* of our planet, some of the vital functions preponderating in certain animal families: such as

digestion in *Mollusca; respiration* in *Birds*; while perfect vitality is found, but in Man in whom all vital functions are harmonically developed. Likewise in History, viz. in the *time* of our planet, we can trace a gradual ascending development at various periods from the *Cryptogama* and *Zoophyta* up to Man the *crown* of creation. Being thus impressed with such important truths, and their analogous bearing on all kinds of histories, we must be guided by them also in our study of the History of Medicine; and then it will soon be obvious to us, that while one period represents a fuller development of one branch of medical science, another has represented the development of a different branch; and thus we are gradually led to look for a harmonic whole, a compound development, which will comprehend many and then all the branches of our science and art, in an harmonical oneness.

(*To be continued*).

PHARMACEUTICAL HINTS.

By William Headland.

The principle of administering to the sick medicine, the effects of which have previously been determined by experiment on the healthy body, exacts not only that the same substance whose action is recorded in the Materia Medica of Hahnemann be exhibited, but also it be identical in its component parts, and as nearly as possible submitted to the same mode of preparation. In some of the Pharmacopeias which have been published, there have been some deviations in this respect, thus producing a discrepancy much to be regretted. Bearing in mind this rule, and the great delicacy of the Homœopathic preparations, it will be evident that every precaution ought to be observed in guarding the medicinal substances employed from deterioration or adulteration by external influences.

The place selected for the preparation and preservation of the medicines should be free from damp, and of an equable temperature; they should be carefully kept from the light,

and the entrance of odours and miasms of every description must necessarily be avoided; this caution is more particularly applicable to the place of preparation. If, therefore, you have made any use of camphor or musk, besides having the room thoroughly ventilated, you must let a considerable period elapse before you can again make it available for pharmaceutical purposes.

The greatest cleanliness and care must be observed with all your apparatus. For the purpose of trituration you employ in most cases an unglazed porcelain pestle and mortar, which after having been used, must be thoroughly cleansed by frequent ablution with distilled water, and then exposed to a moderate but continuous heat. The best spatulas are of ivory or glass, which should be immersed in water for some days after use, the water being daily changed, and the instruments, if of ivory, afterwards scraped. Metallic spatulas are objectionable, from the risk of impregnating the medicines. When tinctures are prepared, a separate bottle must be provided for each attenuation. By carefully washing the vessel with spirits of wine and drying by a gentle heat, a bottle may be used for a second dilution, but I would rather recommend that a fresh bottle be used for each dilution. The same process of cleansing should be observed with new bottles.

Corks.—To extract the oil which corks contain it is necessary to boil them for some time before they are made use of.

In order that your medicines may be free from every admixture, it is necessary to attend to the above regulations; of the importance of having them pure and uncontaminated, there is no need to speak. The vehicles employed for the administration of the medicines are alcohol, sugar of milk, distilled water, and occasionally sulphuric ether.

1. *Alcohol* (rectified spirits of wine), is to be found in all liquors which have been subjected to a vinous fermentation, and also in a variety of vegetable substances. To obtain it pure is the object of the Homœopathic chemist, though it is a matter of some difficulty, owing to its affinity for other substances. The alcohol which I recommend from experience, as the purest, is that obtained from barley. Before

using it, it should be re-distilled through a glass retort, by means of a sand-bath. An impure alcohol is made from the residue of some chemical preparations, but as there is danger of contamination, it is unfit for our purposes. That which is obtained from potatoes is also inapplicable, from its containing a certain amount of empyreumatic oil. Pure alcohol is colourless, very fluid, and highly stimulating; when rubbed between the hands it should evaporate without giving out any extraneous odour; it ought to burn rapidly, and leave no residue; it should dissolve camphor, gum-resins, and many other substances.

The English alcohol of commerce is sufficiently pure for all purposes when it is 60° over proof. An objection to that prepared according to the formula of the College of Physicians, by re-distillation over carbonate of potash, arises from the possibility of its carrying with it some of the properties of that substance.

2. *Water.*—To obtain water free from medicinal substances is not an easy matter. Rain-water has been said to be the purest, but as it, particularly near large cities, partakes of the nature of the atmosphere through which it passes, there must be impregnation with foreign matters. River-water, from its containing much vegetable matter, from which distillation cannot wholly free it, is equally objectionable. Spring-water, previously boiled and suffered to remain quiescent for a few hours, seems to me the most pure and best adapted for our purposes; any foreign matters which it contains are readily precipitated by distillation. As in the case of alcohol, water should be drawn over, through a glass vessel, by means of a sand-bath. Pure water is not affected by the most delicate tests.

3. *Sugar of Milk* (saccharum lactis).—Sugar of milk is of a sweetish taste, inodorous, crystalline, and semi-transparent. It is soluble in twelve times its weight of cold, and four times its weight of boiling water; it is slightly soluble in alcohol. It is not affected by atmospheric air. It is melted by heat, and forms a kind of glutinous matter, which decomposes, like common sugar, the acetate of copper. The sugar of milk of commerce, from its being prepared in large quan-

tities in metallic vessels, becomes charged with an acetate of such metals, from the action of lactic acid which the whey contains. Sugar of milk is obtained by the evaporation of the serum, or whey, which should be placed in a porcelain vessel, and evaporated until crystals begin to form. To obtain it perfectly pure, the following process is suggested. Take one pound of sugar of milk reduced to powder, and dissolve it in three pounds of boiling distilled water; when dissolved, filter through fine lawn into a vessel of glass; add to it, when cold, double its measure of pure alcohol, then allow it to remain quiescent in a cool place two or three days. The fluid should then be poured off, and the crystals, after having been thoroughly dried, pulverised and sifted through a fine lawn sieve. It is then applicable to Homœopathic purposes. The presence of muriate of soda is discovered by nitrate of silver. When obtained from sour whey, it reddens the tincture of turnsol; but when pure it is without odour and medicinal property. To preserve it, use well-stoppered bottles, and keep it in a dry place.

4. *Sulphuric Ether* is seldom required. It is obtained by the action of sulphuric acid on pure alcohol. That prepared according to the Pharmacopæia of the College of Physicians of London, will be found pure enough for all purposes. It boils at a temperature of 96°, and is extremely volatile and inflammable. In evaporating it gives out intense cold, and freezes at —46°. It is frequently adulterated with alcohol, and in some instances contains ethereal oil, and other fixed substances. The best mode of detecting any spirit is by agitating the ether with a strong solution of muriate of lime, which gives off the sulphurous acid and the alcohol and water contained in it. If ethereal oil is present, the water in which the ether is distilled becomes turbid, or by distilling the ether gradually from the water, particles of oil will be seen floating on the surface. The raw ether obtained by the first distillation is wholly unsuited for Homœopathic purposes, as it contains sulphuric acid, ethereal oil, and alcohol.

REVIEWS.

SCIENTIFIC FOUNDATION OF THE PRINCIPLE OF HOMŒOPATHY.

BY DR. GERSTEL. VIENNA, 1843.

We hail with pleasure the appearance of a work like this. It is not one of those shallow compilations and pompous enunciations of the dogmas of Hahnemann,—with a very faint perception of their real meaning—which it was been our lot too often to meet with in Homœopathy; but it is the maturely reflected and profound work of a practical man, and also one brought up, and well versed, in the principles of the most advanced school of modern Pathology, viz., that of Vienna.

The object of the work is in the highest degree useful and praiseworthy: it is to obviate what has been felt to be a great hindrance to the progress of Homœopathy, the want of a scientific explanation, or the possibility of reconciling the Homœopathic principle with the other theoretical or experimental propositions of medical science in its present state. For although the statement of the Homœopathic principle, as an ultimate law based on incontrovertible experience, may be sufficient for many men to build their practice upon, yet unquestionably the difficulty of reconciling the Homœopathic law with pre-existing notions and theories proves a great stumbling-block to many persons, and deters them, at the threshold, from entering on experimental investigations. And, accordingly, we find that nearly all the opponents of Homœopathy have directed their attacks against the theoretical positions in Hahnemann's Organon, and comparatively few have endeavoured to controvert the facts.

Dr. Gerstel, therefore, passing over all the minor propositions in the Organon as non-essential, proceeds thus in the preface to state the object of his work. "It is only the fundamental position, *similia similibus curantur*, that we recognise as the supreme principle of Homœopathy, and as our canon at the sick-bed. All scientific objections bearing on Homœopathy must be directed against this supreme prin-

ciple alone, and the deductions necessarily following from it. It has, certainly, stood hitherto only as a proposition founded on experience; but the impartial examination which it has already undergone, and will still further undergo, must assign to it its proper place in relation to the present state of medical science. To this end, we have endeavoured to give a scientific explanation of it solely on the recognized doctrine and experience of the old school according to the present state of Physiology and Pathology; and we hope that those, hitherto our opponents, who were so much in want of a theory, will hold this worthy of an unprejudiced criticism."

The author commences by stating his views on the subject of disease—its invasion, increase, and decline. We shall attempt to give them nearly in his own words:

"External nature," says he, "acts upon the organism either by normal or abnormal agencies (*Potenzen*). Normal agencies are food, and the external stimulants necessary for the support of life. Disease may be produced negatively by the abstraction of those agencies which are necessary for the support of the organism, and positively by the action of injurious agencies. To the class of negative influences or agencies belong most hereditary predispositions. Positive influences are either an excess of food, or of any other normal stimulant, which produces suppression or stoppage of some of the functions, or they are abnormal irritations—actual external injurious agencies. These last act, by striving as it were, to effect a partial assimilation of the individual organism. This can only take place by their bearing some dynamico-chemical relation to a proximate or remote component part of the organism, *i. e.*, by their encountering a corresponding predisposition. According to unalterable necessary laws of organic irritability, when these influences act, a corresponding reaction of the system, proportionate to the degree and kind of the injurious agency, ensues, for the purpose of self-preservation, which restores the disturbed balance, and effects a return to the normal condition; and this is the mode in which the *disease* (*sensu stricto*) is produced.

"We understand by the term *disease* a condition of life in which its *dynamic* (functional) as also its *material constitution* (composition and structure), are altered or disturbed, in an intimate, involuntary, and, to a certain degree, permanent manner. Now, as there can be no power without matter, so in life there can be no dynamic action without, at the same time, a change taking place in the part where the action is going on. Thus it happens that, during the reaction which follows the impression of the external pernicious influence (and this reaction occurs primarily in the sphere of the organic nervous system alone), at the same time that the dynamic change takes place, an abnormal change of

structure and composition is produced as we learn from pathological anatomy and chemistry. We term the conflict which ensues between the external and internal powers, the *morbid process*, the material change which results, and which is shewn in the separation of a diseased matter either interstitially or on the surface of an organ we call the *morbid product*. The morbid process attains its greatest intensity when the morbid product has reached its full development; the reaction of the organism, namely, counterbalances the influence of the abnormal agency, and a neutralisation of the two powers ensues, like the neutralising of two opposite electrical poles. The moment this neutralisation, which is the acme of the morbid process, takes place, the natural formative process returns in consequence of the restored harmony of the vital actions; between these and the new formed morbid product a new process commences—and this is the *curative process*. The essence of the curative process consists in the assimilation of the morbid product by the return of the parts to their normal functions."

The author, here, evidently takes a part for the whole. We should rather say that the assimilation of the morbid product was a result, and that one of the least important, of the curative process.

"As the morbid product is produced by the conjoined action of organic and foreign (*differenter*) agencies, so it possesses the properties of both. Thus it has some affinity for organic matter, and, on the other hand it retains, more or less, the power of supporting the independent existence of the injurious influence which gave it birth, whose tendency is to decompose organic matter. Where this independent existence prevails, organic structure and combination succumbs to its influence, and their partial or complete destruction (*death*) is effected. If the independent vitality of the product be weaker, or the organic activity more powerful, the morbid product, after its complete development, will be partially assimilated, by the secretion of normal fluids, and at the same time by imbibition and endosmose. All the organised component parts which were employed in the formation of the morbid product will be again taken into the circulation, and only those binary compounds which resist the action of the assimilating powers of the organism will remain where they were originally found. If this should happen in a structure which is in immediate communication with the external world, or which can be easily made so by mechanical means, then the morbid product may be entirely removed out of the system (*crises locales*), and the health thereby completely restored. When, however, the morbid product cannot be removed in this way, it remains still in the system, as pathological anatomy shews us,—in serous cavities, the brain, the liver, &c. If the vital powers be sufficient, it will so happen, that by the constant action of the assimilating process, nothing will remain but a perfectly inor-

ganic matter, *e. g.*—calcareous tubercle. According as these morbid relics affect one function or another, they give rise to secondary diseases or relative health. The parts of the morbid product which are taken into the circulation, are discharged in the ordinary manner, and constitute what are called, *crises universales*. It sometimes happens that, when the mass of matter to be thus discharged is too great, or from some sympathetic or other relation of another part to the diseased organ, or from other cause, a new morbid process takes place in another part, which, anatomically speaking, is generally a capillary phlebitis: when this occurs, it constitutes what are called *metastases, lobular abscesses,* (*crises erroneæ*) of the ancients. According to the degree and site of those metastases will they be favourable or not to the general disease.

"Such is the course of the curative process. It must be borne in mind, that as the morbid process cannot be separated from the formation of its product, neither can the curative be considered apart from the morbid process. The organic activity and mutual action and reaction are continually in play. As the morbid process increases, its product attains a higher morbid development; as the morbid process begins to decline, as the vital activity recedes from its abnormal and assumes a normal direction, the morbid product in like proportion commences its changes of recession. There is, therefore, no well-defined line of demarcation between one stage of a disease and another."

In this certainly able and concise exposition of the nature of morbid action, we recognise, at once, the peculiar doctrines of the modern school of Pathology of Vienna, which, abandoning the too exclusive dynamism that has prevailed in England and France for the last half century, directs attention to the important share which the presence of a material morbid product has in diseased processes, formerly the almost exclusive object of the pathologist's attention. Upon these Dr. G. has engrafted some of the ideas of the dynamic school; and thus is obtained an apparently philosophical basis for his explanation of the Homœopathic principle. But it must be obvious, at first sight, that this whole theory of morbid action, and, consequently, the therapeutic explanation founded upon it, applies only to the diseases of organic life, and not to functional diseases (in the nosological sense of the expression); for although we admit that there can be no functional change, without corresponding material change of the matter in the tissue or organ affected, yet the inappreciable changes of matter which may be supposed to accompany the so-called purely nervous disorders, can by no

means be considered parallel to those which occur in diseases of organic life, where the morbid product plays so conspicuous a part. To return, however, to the author's theory of disease, we object *in toto* to the old doctrine which Dr. G. again brings forward, viz. that any part of the morbid or curative process can be an active power of reaction of the organism against the morbific agent, for the purpose of self-preservation. We cannot consider this anything else than the *vis medicatrix* under another name (although the author formally repudiates it at p. 14); and any theory which requires the existence of a reactive power, in this sense, must, we think, be considered false and untenable.

Holding, as we do, the doctrine that all vital action, whether healthy or morbid, requires, for its existence the two elements, a stimulus on the one hand, and susceptibility on the other, we cannot believe that the organism ever acts *against* an exciting cause, but always *with* it; though in the end the result may be the expulsion or destruction of that exciting cause; and we consider both the morbid and curative processes to be the result of the same powers which maintain the healthy state.

We now come to the author's explanation of the action of therapeutic agents, founded on the foregoing theory of morbid action.

"From the above-described natural curative process of diseases it follows,—

"1. That every disease must, if possible, be conducted back to the original morbid process (*causa proxima.*)

"2. That all cures can only take place locally in the organic component part primarily affected, or in that which serves for the deposition of the morbid product."

"Therefore, where the interference of art is necessary, in order to contribute positively to the cure, the following indications are to be attended to,—

"1. The *morbid process* must be removed or diminished. Its constituent agencies are the exciting injurious influence, and the vital power reacting against that. Therefore,

"*a* The still acting exciting cause must be removed, or, as far as possible, rendered innocuous.

"*b* The abnormal direction of the vital power must be removed or weakened.

"*A* It may be removed by being neutralised or destroyed by a power polarly opposed to it (contrarium); or, where this cannot happen, it may be,

"*B* Weakened, lessened, by its activity being transferred to another part, and its abnormal direction thereby at the same time changed."

It is easy to conceive why we should endeavour to fulfil the injunction *a;* but the author told us at the commencement, that the hurtful agency strove to destroy or assimilate a portion of the organism, and that it was the reaction of the system that opposed this, and which constituted the disease itself, or rather the symptoms of the disease. If, then, we try to destroy this abnormal (as he terms it) direction of the vital power, we shall but give scope to the more powerful, because unopposed, action of the injurious agency, which will thus the more readily obtain the mastery, to the detriment of the organism. According to the author's own account of the progress of the disease, we should rather endeavour to assist the vital power in offering resistance to the action of the injurious influence, than seek to turn it aside, or lead its activity into a different part. That cannot, with propriety, be termed an abnormal direction which has for its end the expelling or resisting a hurtful power (potenz). Did we seek to turn aside the injurious dynamic agency, which is, without doubt, the primary cause of the disease, to another part of the body where it might exert its power without endangering the safety of the organism, we should, at the same time, be assisting the vital power, by lessening the force of the injurious agency with which it has to contend.

"II. *The curative power must be furthered.* The component parts of this, are the morbid product, and the vital functions returning to the normal direction.

"By fulfilling indication I., the *morbid product* is at the same time checked in its development; now, in order to effect its assimilation, it is necessary to retain the vital power undiminished in the seat of the deposition of the morbid product."

Thus, according to the author's maxims, we are during the *morbid process,* to oppose, and during the *curative process,* to second, the vital power; and yet at page 13, he tells us, that it is absolutely impossible to tell when the disease

passes from one stage to another, so that, for aught we know, we may be blindly opposing and drawing away the vital power, when we ought rather to be assisting it, and keeping it in its place, and *vice versa.* The author now passes on to consider the therapeutic means of fulfilling these indications; and first he notices the therapeutic maxim "*contraria contrariis curantur.*" The practical application of this maxim, he imagines, is beset with insurmountable difficulties, which he attempts to account for by a process of reasoning, of which, we confess, we cannot see the force.*

"Conscious," continues he at p. 15, "of the insufficiency of this medical axiom, we are generally content, merely to diminish the morbid process, by establishing an artificial irritation in some sound part of the system, and thus giving the morbid vital power a different direction, in order to divert it, in the same proportion, from the original one. This is the principle of the antagonistic, derivative, alterative, method of cure. This method was adopted, in consequence of observing the frequent metastases, that occurred naturally in the course of diseases, and the artificial irritation to be produced, was, as far as possible, an irritation, similar in nature, intensity, and duration, to the morbid process. The sympathetic and antagonistic relations of the various organs were carefully observed in the application of this system; as, for example, in congestion of the head, a congestive state of the bowels, hæmorrhoidal vessels or feet was produced, by purgatives, hip or foot-baths; transient toothache was cured by transitorily irritating substances applied to the nape, or wrist, or a stimulating foot-bath.

"In other cases, when possible, the artificial irritation was induced as near the seat of the natural disease as possible, as tartar-emetic rubbed upon the chest in pertussis; and in pleuritis, serous effusions into the pleura and peritonœum; in affections of the spine, ophthalmies, and ear inflammations, the artificial irritation was induced as near the seat of disease as possible. In pneumonia, tartar-emetic, in small doses, has been used with success. It is well known to act powerfully on the mucous membrane of the lungs. Experience tells us, that the success of this method will be great, in proportion as the artificial disease is ana-

* The passage in the original is as follows:—

Contraria contrariis curantur. Bei seiner Ausführung stellen sich dem unbefangenen denkenden Heilkünstler *unüberwindliche* Schwierigkeiten entgegen, deren inneren Grund darin besteht, dass *die während der Krankheit zu Stande gekommene materielle Veränderung,* die ohne der dynamischen nicht bestehen kann, da, wo sie nicht unmittelbar gänzlich örtlich eliminirt, auch *nicht gänzlich vertilgt* (assimilirt), *folglich der ihr zu Grunde liegende dynamische Process eben so wenig vernichtet werden kann.*

logous in kind, and duration, to the original disease, but principally in proportion to its contiguity to the latter.

"The reason of this is, that proportionally as the artificial irritation is of a similar nature to, and excited in the neighbourhood of, the original morbid process, the reactive agent of the latter is so much the more easily conveyed to the former, its receptivity for the injurious agency, and consequently the natural morbid process, will be thereby diminished, and the morbid product formed will be, in like proportion, of an innocuous nature.

"The above mentioned methods of cure are founded upon a consideration of the *morbid process*. It remains now to discover the necessary means for furthering the *curative process*, in other words, for the support of the vital power in the seat of morbid action.

"The acting vital power, in the vital functions returning to the normal condition, may be either absolutely or relatively too weak. *Absolute* weakness may be produced, either by a deficient formative power, produced either before or during the disease, *e. g.*, by a loss of blood, or it may be produced when the local vital activity is assailed by a smouldering morbid process of a different nature; for example, the tuberculous, syphilitic, or cancerous diathesis, which, by their union, produce a new modified morbid process. The cause of the *relative* weakness lies not in the vital power itself, but in the greater relative preponderance in quantity or quality of the *morbid product*, owing to the intensity of the *morbid process* which produced it. Hence occurs the sinking of the vital powers during the course of what are called sthenic diseases. Hence the *casus ambiguus* of the transition of a disease into the so-called nervous condition. We have an example of this in pneumonia. When a croupy pneumonia advances into the third stage, that of the gray hepatisation, then is presented a picture of what is called *pneumonia nervosa*, or *pneumonia cum febri nervosa*, when stimulating treatment is usually had recourse to. The transition from the second to the third stage is also the transition from the inflammatory to the nervous state. If we look to the anatomical character of these two stages, we find, that with the end of the second the inflammatory (morbid) process has attained its acme, and is now on the decline; but in this case it continues intense, inasmuch as a normal serous secretion in the cavities of the air-cells cannot take place, as happens when the second stage finishes by a return to health. The plastic granulated product, therefore, proceeds still farther in its process of decomposition,—it passes from the red to the grey hepatisation. A continued diminution of the inflammatory process must now take place, to enable the vital power, by the secretion of serous and other fluids, to put bounds to the decomposition going on in the morbid product deposited in the air-cells, and thereby prevent paralysis or suppuration of the parenchyma of the lungs. Microscopic examination shews that the walls of the air-cells themselves take no part in the whole process of gray hepatisation, *i. e.*, in the suppurating metamorphosis of the morbid pro-

duct deposited in them; this is also proved by the fact, that if a portion of lung be freed by careful pressure and water from the pus, it regains its spongy cellular texture; the local vital power is therefore passive during the process.*

"From all that has been said, it is evident, that in the choice of the ways and means for performing the first indication (diminishing or removing the morbid process), to which our attention should be almost entirely directed, we must select such as will at the same time be as little as possible opposed to the second indication (the furthering of the curative process), thus the local vital power will be least encroached upon, and in the same proportion, the curative process best assisted."

The author now proceeds to the consideration of the Homœopathic principle; and we shall attempt to give an abstract of the author's views nearly in his own words.

"SIMILIA SIMILIBUS CURANTUR.—In order to effect a mild, rapid, certain, and lasting cure, choose in every disease, a medicine which can of itself produce a disease similar (ὅμοιον) to that it is intended to cure. (Organon, p. 62.) We have shewn that the success of the derivative method is great in proportion to the propinquity of the artificial irritation to the original seat of the disease.

The essential nature of the homœopathic treatment consists in developing the derivative irritation in the interior of the organism, as near the seat of the disease as possible, *i. e.*, as near the substratum of the morbid process as possible.

"In order to effect this, we must, on the one hand, know accurately the seat of the disease, which presupposes a correct diagnosis; on the other hand, in order to occasion the irritation as near the seat of disease as possible, we must have a good idea of the medicinal agent, in other words, we must be well aware of the relation of the medicines to the human organism. If this be granted, it necessarily follows, that that medicine alone is capable of producing an irritation as near the seat of the disease as possible, which has of itself the power to produce a morbid condition similar to the one we wish to heal.

"As regards the diagnosis, Hahnemann, it is true, declares, that the entire collection of symptoms is sufficient for the knowledge of the disease; we, however, suppose that a clear diagnosis may lead us to ascertain the essential nature of the malady, according as science advances; but when this is impossible, we have only to pay attention to the most important symptoms, without allowing ourselves to be led away by hypothesis. Our business will always be to distinguish the important and characteristic from the unimportant symptoms; these determine the essential nature of the disease; when they are removed the disease is

* *Vide* Rokitansky's Pathologische Anatomie, vol. II., p. 88.

gone. Hahnemann himself entertained the same views. (*Organon*, p. 82, § 153.)

"The action of remedial agents must be just as carefully distinguished. This can only be done by possessing an accurate knowledge of the action of medicines on the healthy system. We find the same circumstances connected with the action of a medicine on the healthy subject, as with the actual morbid process, with this difference, that in the former case, we have its action under our control. As the natural disease consists of a morbid and a healing process, in both of which the local vital power is at work, and as the morbid process arises from the conflict produced by the action of an injurious agency with the reaction of the vital power, and the symptoms to which it (the morbid process) is known, arise almost entirely from the *resistance* (Gegenstreben) *of the vital power*, awakened by the primary impression of the injurious agency; so the same is the case with the medicinal disease.

"Strictly speaking, the primary action of the medicinal agent is that first irritation, first impression, which it exercises on this or that part of an organ, or organic system, to which it has a specific affinity, and thereby rouses it to sensations and reactions. The primary impression itself, however, during its dynamic action, is scarcely to be distinguished by any appreciable symptom, as no visible symptom can take place without the intervention of the vital power. This first impression, which can only be imagined, not seen, alone effects the cure, is the dynamic curative influence of the medicine; and we can only be certain that the derivative action caused by this primary impression of the medicine, acts close to the substratum of the morbid process by the medicine itself producing symptoms similar to the disease we intend to cure, on the healthy system.

"This theory of derivation by *similia* is supported by well known facts in homœopathic practice. Thus, the more specific the medicine to the individual case of disease, *i. e.*, the more similar its characteristic action to the important symptoms of the disease, the more surely and quickly is a cure effected, if the medicine be administered in a suitable dose. As the organs of sense only react to their specific stimuli, and the disease can only arise when the external injurious agency has a specific affinity to the disposition then present in the organism; so the local vital power in the seat of the morbid process, will be acted on more easily and certainly by a medium, the nearer the relationship between them is. Little risk is run of a spread of the disease by contiguity, as we have the degree of action completely in our power; and, besides, notwithstanding the greatest possible similarity of the two morbid processes, they can never become exactly alike, their causes being different. The superadded irritation cannot increase the morbid process, for they must always remain two distinct kinds. No portion of an organ, unless it be in a gangrenous state, is wholly diseased, there is, therefore, always a substratum capable of taking on a different kind of action. This fact si-

lences an objection which might be raised that a medicine produces a primary action on a diseased organism different from that it produces on a healthy one."

The first impression (Primäreindruck) of the author evidently signifies the same stage as is termed by the other writers the latent stage, that is, when the medicine, poison, or disease, has acted on the system, but before the latter has been excited by it to produce visible symptoms. Now, if, as he states, the primary impression of the medicine is the sole agent concerned in the cure, we can hardly imagine how any sort of derivative action can be effected by this primary impression of the medicine, when the disease is still latent (in which stage the medicine is but rarely administered), and still less can we admit that this imperceptible impression can have any derivative effect in the disease when advanced, fully developed, and involving a large amount of substance; if we are to suppose a cure effected by a derivative action at all, surely this should bear some sort of proportion to the morbid process it is intended to act on.

Although the author protests against the doctrine of the *vis medicatrix naturæ,* yet he virtually acknowledges its existence in what he calls the morbid process, while the healing process he attributes to the action and reaction of the vital power in a normal direction; affirming, at the same time, that these two processes cannot be considered apart from each other. He does not attempt to clear up these apparent contradictions; and we doubt very much whether his mind is altogether free from confusion on this subject. There is much ingenuity and acuteness displayed in his arguments in favour of his explanation, but as these are based upon assumptions and assertions requiring proof, while we give him all credit for his zeal and industry, we are forced to dissent from his theory, as it involves a return to some old and fallacious pathological ideas, and is far from being a satisfactory elucidation of the principle *similia similibus curantur.*

From p. 33 to the end, the author draws an analogy between the natural and artificial disease on the one hand, and magnetism and electricity on the other, which our space

prohibits us from entering upon here; it is, however, well worth a careful perusal, and shews a great deal of ingenuity, though we cannot say that it materially strengthens our author's position, as it is mere assertion, incapable of proof. We cannot, however, refrain from quoting the following passage, which occurs at p. 43 :—

"It is undeniable, that slight illnesses, and single, generally secondary, symptoms of disease, may be subdued and even eradicated by *contraria*; but how could this be done with a fully developed morbid process, * * * seeing that the nature of diseases is so little known? What is the essential nature of the typhus, what of the cancerous, what of the puerperal, what of even the inflammatory process? What is that of most nervous diseases? And admitting that we knew the essential nature of these processes, does there always exist a direct *contrarium* to them? What is the direct *contrarium* of excess of fibrine in the blood in inflammation? And do we not always unite this method with the derivative one whose nature is quite different, nay, in fact, perfectly opposed to it? Whilst, by the one method, we intend to neutralize or annihilate the morbid process, with the other our object is to convey away the vital activity which is to be annihilated! And how can this be reconciled?"

BIBLIOGRAPHICAL NOTICES.

L'Homœopathie est une vérité, ou les faits tels qu'ils sont. Par le Dr. H. V. MALAN, Homœopathe Membre de la faculté de médecine et de chirurgie, et de la Soc. de Méd. de Genève. Genève, 1844.

This is a comprehensive, concise, and, as far as we can judge, an accurate sketch of the present state of Homœopathy, comprising some interesting cases which fell under the author's own observation in the different places he visited.

Dr. Malan is no rash, unthinking adopter of a system, fascinating from its apparent simplicity, and the ample promises it holds out. He studied it with the anxiety of a conscientious mind several years before he would avow himself a convert, and even then it was with reluctance he abandoned allopathy, consecrated as it is by time and custom.

He has enjoyed excellent opportunities of observing the results of Homœopathy in Germany, France, London, Edinburgh, and Geneva; and it was only by the constant personal observation of indubitable facts that he was constrained to believe in the system.

Dr. Malan, in his sojourn in Paris, came into frequent contact with Hahnemann, and bears a testimony as well to the unwearied energy of the old man—then in his 80th year—as the high religious tone of his

conversation. He gives some interesting instances of the wonderful certainty to which he had arrived in prescribing. We subjoin two examples:

"A homœopathic physician in Paris had treated a lady for some weeks for a very severe neuralgic affection below the right eye, which allopathic medicines had entirely failed to cure after a trial of several years. The homœopathic physician had succeeded in diminishing the intensity and duration of a paroxysm, but he had not entirely cured it. He applied to Hahnemann, who questioned the patient for a long time with great care, then examined his book, a thing he never omits (for even he, the author of the book, does not trust his memory alone); he told the physician to give his patient a teaspoonful of *nux. mosch.* 30th, dissolved in a glass of water. Half an hour after she took this, the pain went entirely away."

The next is a case of chronic cough.

"A young man on his way through Paris consulted Hahnemann for his complaint, which had not been entirely cured by his former homœopathic advisers. He had suffered for a long time from a severe hoarse cough; he had expectorated blood formerly, and been very subject to colds during the winter season. For some time there remained a slight dry cough, attended with a tickling in the larynx, coming on every day upon waking; his chest was weak, he perspired copiously at night, and feared he was falling into a consumption. Hahnemann gave him only two globules of a single remedy, I do not know what, and these two globules proved sufficient to cure the complaint of this young man, who enjoyed good health from that time."

Such a testimony to the truth of Homœopathy, coming as it does from an accomplished, cautious, and rigidly honest physician, cannot fail to tell wherever the author's character is known.

Homœopathy versus Allopathy, or Reform among the Mystery Men. By E. Whitefied, M.D., Brighton.

All we can learn about the individual who puts out this offensive puff is, that some weeks ago he professed himself wholly ignorant of Homœopathy, nor had he then assumed the title of Doctor of Medicine. Whether or not his diploma be as spurious as his pretensions to a knowledge of homœopathy we cannot say; but if it be, the book is worthy of its author. Quotations raked together so carelessly as to preserve even the typographical errors of the original, form the staple of the performance; and it has been distributed, we are told, with an obtrusiveness rather transgressing the bounds of ordinary professional pushing. We may take this opportunity of correcting a mistake inadvertently made in the Report of the Liverpool Homœopathic Dispensary which Dr. (?) Whitefield quotes. In comparing the number of patients prescribed for at the Homœopathic and Allopathic Dispensaries in Liverpool weekly, it

should have been stated that the numbers given for the Allopathic Dispensaries referred entirely to new cases admitted at those institutions; whereas those of the Homœpathic contained not only the new admitted, but also the old cases prescribed for.

On the Action of Colchicum. By Dr. K. Kurz. (From Allgem. Hom. Zeit. Band 27th, No. V.)

Dr. Kurz recommends the use of Colchicum chiefly in rheumatism complicated with gastric affection; when there is a coated tongue, clammy taste, anorexia, pressure in the stomach, empty eructations. It was worthy of observation that these gastric symptoms were always the first to yield; and when these symptoms were not present at first, they generally appeared after some doses of colchicum. He also has found it very useful in rheumatism, occurring immediately after moist weather. He has seen much benefit from it in rheumatism complicated with anarsarca. There are some cases reported of *ascites* preceded by rheumatism successfully treated with this medicine. Dr. K. recommends it in rheumatic diarrhœa attended with tearing pain in the abdomen, especially about the sigmoid flexure of the colon; where the pain is increased by pressure, and is worse at night than in the day-time; where the stools are slimy, streaked with blood and lumpy, attended with tenesmus and nocturnal fever. Also in feverish rheumatism, where the pains are erratic, worse at night, without redness, and with very moderate, if any, swelling of the part, almost constant shivering, skin dry, and no perspiration, not any thirst, urine clear and reddish. Dr. K. gives the tincture of the seeds of the colchicum 1st or 2d dilution, repeating it every two, four, or six hours.

Materielle zu einer künftigen Homœopathischen Therapie, von E. F. Rückert.

2. *A Guide to the Practice of Homœopathy.* By Edward Hamilton, M.D., pp. 338. London: H. Baillière, James Leath, 1844.

These two works are similar in their design, and we shall therefore notice them together. They contain a large number of cases cured by Homœopathic remedies, drawn from the best authorities, and arranged under the usual pathological heads, and are intended to assist the practitioner in choosing the appropriate remedy for any case that may come before him. Thus, let us suppose he has to treat a case of delirium tremens, on turning to that article in Dr. Hamilton's work, he will find seven medicines (*bell., nux vom., calc., op., coff., stram., and hyos.*), enumerated as having been found useful in the treatment of this disease, and on com-

paring the case in hand with those here described, he will probably find one which resembles it, and prescribing the same medicine, he is likely to succeed in removing the disease. The beginner especially will derive advantage from these works; for to one who is unacquainted with the actions of the medicines, the Materia Medica presents a labyrinth of symptoms, in which he is apt to be lost, without some clue to guide him, such as is here afforded.

We would, however, caution those who are commencing the study of Homœopathy against using the works under review to the exclusion of treatises on the Materia Medica, for not only will they meet at every turn with cases to which no exact parallel is to be found in Rückert's or Dr. Hamilton's work, but even when they succeed in treating a case by their aid, they have made no advance in the knowledge of the properties of the agent they employed *beyond its effect on a particular variety of the disease in which they have seen it do good*; whereas, had they found it by studying the Materia Medica, the symptoms would have been impressed upon the mind as the effects of the medicine, and would be serviceable in future in other cases of the same and other diseases, though perhaps never again occurring in a precisely similar combination. It is to be regretted that the symptoms of the cases given in these volumes have in so many cases been so meagrely given, and thus still further curtailing the usefulness which such works are capable of affording. Some of the articles, however (see e. g., that on intermittent fever, in Dr. H's work), are given with a minuteness of detail that renders them of essential service to the practitioner, provided he observes the precaution of not deciding on the medicine to be given till he has found by reference to the Materia Medica that it is really applicable.

MEDICAL INTELLIGENCE.

ON THE PROGRESS OF HOMŒOPATHY IN THE UNITED STATES OF NORTH AMERICA.

COMMUNICATED BY LETTER FROM DR. NEIDHARD OF PHILADELPHIA.

Homœopathy was first practised in the United States about the year 1830 by Dr. Wesselhoeft, a German physician of Bath, Northampton County, Pennsylvania, in the vicinity of the German Moravian settlements, Bethlehem and Nazareth. Simultaneously with Dr. Wesselhoeft, or perhaps somewhat earlier, Drs. Gram and Gray of New York, who had already been well known as successful practitioners commenced its study and practice. Dr. Gram has the honour of having published the first work on Homœopathy on this side of the Atlantic. It was a translation of Hahnemann's "Geist der Homœopathischen Heillehre," which "Geist" made at that time but little impression upon the public mind. The doctrine was altogether too startling to the mass of the people; they demanded facts to prove its reality, which could only be furnished in any

number after the lapse of some time. For only patients who had been abandoned by the usual practice first sought its aid.

On the arrival of Dr. C. Hering from Surinam, an extraordinary impulse was given to its propagation in Philadelphia. Under his auspices, a Homœopathic Society was formed on the 16th of April, 1833; and on the 16th of August, 1834, the New York Homœopathic Society, established by Dr. John F. Gray, took its date. A year after, Drs. Gray and Hull published their first Homœopathic Journal. At the same time many translations were published. The "Letter to the Physicians of France on Homœopathy," by the Count de Guidi, M.D., translated by W. Channing, M.D.; a "Concise View of the Principles of Homœopathy," by the Baron de Brunow of Dresden, by J. S. Sullivan; and at a somewhat later period, I translated "Croserio's Homœopathic Medicine," illustrating its superiority over the other medical doctrines.

The "North American Academy of the Homœopathic Healing Art," incorporated by an act of the legislature of Pennsylvania on the 25th of February, 1836, was founded in 1835. If this academy did not meet with the success that its most sanguine friends expected, it has at least merited our thanks for the publication of a number of valuable works which have been issued under its auspices. These are: "The Operation of the Venom of Serpents," "The Organon of Samuel Hahnemann, with an introduction by Constantine Hering, &c. &c."

In the mean time, the Homœopathic physicians of Philadelphia and New York gained more and more the confidence of the public by the important cures they performed. Their number also rapidly increased; at the present day the Homœopathic Society of Philadelphia counts twenty-five regular members. New York possesses an equal and constantly increasing number among physicians of respectability and standing. In Baltimore there are from four to five. There is hardly a town in the interior of the states of New York and Pennsylvania without one or more Homœopathic physicians. There are a number of Homœopathic physicians in Ohio, Virginia, Kentucky and Illinois. We hear almost daily of new converts in those regions.

Dr. Hull's Homœopathic Examiner was commenced in the year 1840, and has been issued, a short interval during the Editor's sickness excepted, up to the present time. This journal, edited with talent and assiduity, containing many translations from the best German writers and original correspondences with Europe, has spread the knowledge of Homœopathy far and wide. Its original articles, although naturally few in number, have thrown light on several still mooted points.

Of the original treatises published in the United States which deserve commemoration, we must mention Dr. W. Channing's "Reformation of Medical Science, demanded by inductive philosophy, a discourse delivered before the New York (Alleopathic) Physician's Society on their Anniversary, Nov. 21, 1838." In this essay, written in beautiful style, the author attempts to explain the law *similia similibus* in an entirely novel

manner. Also Dr. Ticknor's "Letter to an eminent Jurist," republished in the Homœopathic Examiner. This physician was previously well known as an author of popular medical works. Another scientific physician, Dr. Sortin, Professor of Mathematics in the University of New York, has also lately joined the Homœopathic ranks.

Within the last five years Homœopathy has gained numerous friends and followers in the New England States where it had hitherto been but little known. The investigating mind of the New Englanders having once perceived the truth of the new doctrine, pursued its study and practice with their accustomed perseverance.

Boston particularly became a centre for its propagation. It was here also that the first work of any importance was written against Homœopathy, and that by an American poet, Dr. Holmes, who is also a physician. Several Homœopathists immediately wrote criticisms and replies. The celebrated poet, Cullen Bryant, a firm friend of Homœopathy, wrote at the same time a very excellent pamphlet in its favour.

Besides the Homœopathic Societies established at New York and Philadelphia, there are also Homœopathic Societies in Boston, Northampton county, Pennsylvania, and several local societies in the State of New York. Steps have also been taken for the foundation of an hospital in Philadelphia. In order to become a member of any Homœopathic society, it is necessary to have received a regular medical education or a diploma, and every applicant must be otherwise duly qualified for the practice of medicine. It is true there are some practitioners who do not possess the above qualifications, but they are not members of these societies. There are, however, enough irregular practitioners in the Alleopathic ranks; and that Homœopathy also counts some, does certainly not militate against the latter.

Quite recently, on the 10th of April (Hahnemann's birth-day) a Convention of Homœopathic physicians was held in New York. Invitations had previously been sent to all the Homœopathic physicians in the United States, by Drs. W. Channing, J. F. Gray, B. Sortin, A. D. Wilson, and H. Dunnel of New York. The immediate objects of the Convention were: first, to do honour to the memory of Hahnemann; secondly, to institute a National Association of Homœopathic physicians, with a view to the defence of the rights of Homœopathic physicians which are assailed in several states, and also to affect a concert of action in the further improvement of the Materia Medica.

The Convention was in due time attended by nearly fifty Homœopathic physicians from different parts of the United States; much and important business was transacted during its three days' sitting. The particulars of the proceedings will soon be published in pamphlet form, which I shall take pleasure in forwarding to you as soon as it appears. I will merely remark here, that Dr. John F. Gray pronounced the eulogy on Hahnemann, which was well received by the Convention: Dr. C. Hering of Philadelphia officiated as President. Several veteran physicians present

openly announced their convictions of the truth of the Homœopathic law. The members of the Convention, from almost every State of the Union were all surprised at the immense progress of Homœopathy within the last few years, as was reported by the delegates from the different states. If each delegate represented only five Homœopathic physicians, their number would amount to two hundred and fifty; but we may safely calculate the whole number of Homœopathic physicians in the United States as four hundred. It should be remarked here, however, that there are many physicians who, although partially convinced of the truth of Homœopathy have from various motives not openly declared their adherence. Several of them reside in Philadelphia and other cities. These I have of course not included in the above number.

An Alleopathic practitioner studying the Homœopathic method, and endeavouring to have recourse to it in practice, can of course, at the commencement, not entirely dispense with his former alleopathic measures, as was the case with several of our best Homœopathic physicians. The more his faith is strengthened by experience, he will gradually relinquish his alleopathic practice, and only use it in rare and isolated cases. This is perfectly consistent and honourable. When however physicians, notwithstanding their better convictions, in order to conform to the different views of their patients, have recourse one day to this, and the next to the other method, certainly no upright physician will justify or countenance such a course.

There is another class of physicians who, whilst acknowledging the truth of the Homœopathic law in many respects, still believe that cures may be effected by other methods. This is apparently their conscientious opinion. But I cannot believe that these physicians are fully aware of the whole import of the Homœopathic principle. They maintain, that it is sufficient for a remedy to act on a certain *tissue* or organ, and a cure will be effected, no matter by what principle, be it antipathic, alleopathic, or homœopathic. But are the alleopathic and antipathic natural principles of cure, or merely methods devised by man? I believe the latter. Do these drugs merely act upon the different tissues of the body? Is not man, with his whole individuality influenced by them? I do not deny that cures may be effected by this method, but only that they are not true cures, and are always produced at the expense of the vital power. In order to be such, they must be certain and uniform in every case, and there must be the closest and most intimate correspondence between the character of the remedy and that of the disease. To discover this is the province of Homœopathy. The investigation of these analogies will alone save us from the labyrinth of speculations to which these gentlemen will draw us again. This does not exclude the trial of new drugs and renewed experiments with those already proved by Hahnemann. It does not exclude the judicious classification of them, the more their pure effects become known and other improvements that future experience may point out. The Homœopathic law itself will then be more accurately defined and understood.

As to the opposition on the side of the old school in the United States, it consists, as in Europe, almost entirely of misrepresentations and abuse. In this, the Professors of the different medical colleges particularly excel.

A Professor Dickson of South Carolina, in one of his lectures, made only a few years ago, the following as he thought, I presume, very "clever" remark about Hahnemann and the Homœopathists: "Hahnemann still lives to mystify his Homœopathic followers and his credulous patients with the promise of impressive control over the morbid action in diseases, through the operation of infinitesmal quantities of ordinary drugs, the similar action of which will uproot and put an end to the previous morbid condition. Where but in Germany could such a delusion spring up and take root? A few of these dreamers are to be met with, nevertheless, in other regions; near the English throne it is said, they were received with favour during the last reign, and one or two stragglers have established themselves in our northern cities."

These two unfortunate stragglers and dreamers have, within a few years increased to several hundred.

Some of the most enlightened physicians in America, among whom we must particularly name Professor Jackson of the University of Pennsylvania, and Professor Müller of Jefferson College, look upon Homœopathy with somewhat different eyes. They feel, and are fully aware that there are concealed in its apparently incongruous doctrines, great truths, but which future ages can only fully develope. It is only to be regretted that their want of leisure forbids them a closer study of the works on Materia Medica, and a faithful application of its invaluable remedies at the bed side, by which alone the whole power of Homœopathy can be disclosed.

P.S.—The Board for the improvement of the Materia Medica appointed by the new York Convention are at this moment engaged in proving oxalic acid and Podophylla Peltatum, May-apple.

MISCELLANEOUS.

LETTER TO THE EDITORS OF THE BRITISH JOURNAL OF HOMŒOPATHY, BEING A SUPPLEMENTARY NOTE* TO A PAMPHLET ENTITLED "DEFENCE OF HAHNEMANN."

The publication by Dr. Wood of a "Sequel" to "Homœopothy Unmasked," requires a very few words as a postscript to the "Defence." Premising that, as we have no desire to engage farther in a contest with so slippery and shifting an antagonist, who is not ashamed to avail himself of the means of offence and defence Dr. Wood employs, we shall avoid

[* We have been requested to give a place in our Journal to the following "Note," its contents being insufficient to furnish materials for a separate publication. EDITORS.]

all notice of any new points of discussion he may have raised, and confine our attention exclusively to his two attempts, 1st. to free himself from the charges of "elementary ignorance, illogical inferences, and mis-statements," which we had shown his work to exhibit, and 2nd to point out equivalent errors and mis-statements in the "Defence."

But before entering on details, we have two remarks to make which we request our readers to keep in view throughout. The first is, that even were we to admit Dr. W. to be right in every one of his criticisms on the "Defence," all that is most material in it would remain untouched; and that we now re-assert, and are ready, if necessary, to justify every statement in it of the smallest moment, which there is now no occasion for us to defend.

Our second remark is that we give our readers a general warning to beware of Dr. Wood's alleged quotations: it being his practice to vitiate the expressions he professes to quote, either by the interpolation, omission, or substitution of words seriously affecting the sense of the passage; or to tear a few words from the context which limits their application, and apply them to something essentially different, and thus in one way or other entirely to pervert the author's meaning. We shall not weary ourselves and our readers with going over these; but we may give one example of each of these two disingenuous practices. Dr. Wood is guilty of the first when he quotes (p. 53) Dr. Drysdale's authority for stating that the "Homœopathic medicines are destitute of chemical and physical qualities," Dr. Drysdale's expression being that they are "in almost all cases destitute of *sensible* properties, such as colour, taste, smell, &c.;" and when he gives the same authority for stating "that they exert no influence on the economy," Dr. Drysdale's expression being "no *physiological* influence," that term being plainly used as in opposition to *therapeutic* influence. And Dr. W. is guilty of the second kind of perversion of the author's meaning when he quotes as Dr. Drysdale's opinion "that neither private nor Dispensary practice can furnish definite results;" this expression being limited by the context to a statement that these cannot furnish definite results to compare the one system as a whole with the other; and the whole scope of Dr. Drysdale's paper being to show that Dispensary practice can furnish results quite definite enough to prove the great value of the Homœopathic method.

With these prefatory remarks we go on to consider the very few passages in Dr. Wood's ninety pages which require notice, again referring our readers to the "Defence," as affording without further explanation, quite sufficient answer to all Dr. Wood's criticisms which are not specially noticed here.

In such extremities has Dr. W. found himself in this combat, that in his Notice of British Homœopathic works instead of attacking the British Journal of Homœopathy on its own merits as a work purely devoted to science all he can find to criticise are certain advertisements for which the Editors are no way answerable. So little, indeed, is a journal

compromised by the works advertised in it, that "Homœopathy Unmasked" occupied a prominent place in the British Journal of Homœopathy.

He has thought it worth his while, too, to devote two paragraphs (the 5th and 7th of App. B.) to the discussion of typographical errors, so obvious, (that while we regret the occurrence of such—almost inevitable in hurried publications—and take this opportunlty to correct them*) we suppose most of the readers of the "Defence" had already observed them. Under cover of one these, Dr. W. makes a very unsuccessful attempt to escape from the, no doubt painful, but not unmerited exposure we had made of his paraded truisms and deficient sense;—unsuccessful, for so far were our remarks from being based on these type errors, that on re-perusing the note at p. 50 of the "Defence" (2nd edition), our readers will see that the presence of these errors tended to obscure our meaning.*

The readers of the "Defence" must recollect the exposure, in p. 41 of Dr. Wood's deplorable ignorance of small-pox. He evidently winces occasionally under that exhibition, and it is ludicrous to observe how he endeavours to escape. He says, "We were contrasting vaccination with *natural*, not with '*inoculated*' small-pox, which latter is, like vaccination," (*vaccinia* he means) "a *modified* disease, and therefore must not be adopted as a type," p. 22.

Be it so, and let us see how he sets to work. "The one" (small-pox) "is a general, the other" (vaccinia) "a local affection," ("Homœopathy unmasked" p. 73). In defending this statement he shows that he is ignorant still that vaccinia is not always a local affection, but sometimes so general as to cover the skin of human beings all over with its own peculiar pock; andthat it is so far from being necessarily a modified disease, as he asserts, that it has been known when propagated in the ordinary way, by inoculation, to have produced death!

He says further, "When attempting to show the similarity between cow-pox and small-pox, they again speak of cow-pox, not in that form employed to *protect* from small-pox, but in a form so virulent 'as to cover the quadruped from horn to hoof;' and they *do not* tell us that so far were such cases from protecting against small-pox, that once 'the observer was so strongly impressed with the severity of the disease which it caused, 'that he thought it would be better to take human small-pox rather than cow small-pox for inoculation, when the latter assumes its dangerous and fatal forms,'" p. 23. Is all this dullness or deliberate mystification? How could he think it necessary to tell that the vaccination did not *protect* from small-pox, when our whole statement plainly avers that it actually produced small-pox! We refer the reader to our "exposure" for other proofs of Dr. Wood's gross ignorance of small-pox

* *Errata* "Defence," &c., p. 50, not, line 9, for "successful *result*," read "successful research," and line 10, for "determine" read "ascertain."

and vaccinia; and we add only, that wretched as his first display on the subject was, his second is immeasurably worse. For the fabled wealth of El Dorado we would not have written so humiliating a series of cunning shifts and equivocations. The professional reader need hardly be reminded, in perusing Dr Wood's quibbling about the pustular or vesicular characters of small-pox and vaccinia, that we exposed the folly of his making it a ground of distinction between the two that "the one is a pustular, the other a vesicular disease," by showing that neither the vesicular nor pustular characters are peculiar to either.

He persists in his ignorance displayed in the lemon-juice blunder; and because he did not know anything of Stevens' work, of course Stevens could be no authority with him. If he had read that work, which is held in some esteem by those who have really "studied pathology," he would have found that Dr. Jonathan Pereira was wrong in stating that Stevens made the assertion on "hypothetical grounds;" for he actually gives a case in which scurvy was produced by the abuse of lemon-juice!

Dr. Wood tacitly admits the accuracy of our picture of the irreconcileable methods and practices which are advocated by allopathic practitioners in the same diseases; with the single exception of what relates to fever. We enumerated many other more serious acute diseases than fever, respecting the treatment of which allopathic practitioners are at issue; but we are met only on fever, and with the specious argument that different epidemics of fever demand different methods of treatment. We reply that Drs. Smith, Copeland, Alison, Little, and Craigie (five of the six authors to whom we referred) must have seen the same epidemics, though they treated them on principles so widely discordant.

Cabanis is quoted to very little purpose in favour of the old system. The work from which we quoted purports to be an inquiry into the state of medicine; and while it partly exposes the errors and inconsistencies of prevailing opinions, it contends that medicine *admits of being cultivated* in accordance with the principles which have been applied advantageously to other sciences, but denies that it ever has been.

We are told by Dr. Wood (p. 51) that Broussais and Rostan were "the inventors of new systems themselves," in order to get rid of their evidence against the prevalent methods and systems. Will he tell us what system Rostan invented, whose testimony is the most pointed against the ordinary practice? (Defence, p. 31). Of course he does not know of any; but the assertion was worth while, if only to get a momentary refuge.

The same unscrupulous method is adopted in regard to our statements respecting Harvey, Jenner, and Laennec; and in short whenever he finds it impossible to controvert our statements—which we need scarcely say happens in *every instance* in which he has made the attempt—the two or three trifling occasions excepted which we have already mentioned or have yet to notice.

It is only worth while to notice the attempt to make Jeremy Bentham responsible for the nonsense Dr. W. had written about our having, in

medical science, "to deal with psychological facts involving the idea of life," &c. because it illustrates how anxiously he seeks to shield his blunders by interposing an expression, used in the original authority in a sense wholly different from that which Dr. Wood makes it serve, when he quotes it to accredit his absurdity. Dr. W. has found in Bentham the word "animate" used, and wants us to believe that Bentham uses it as meaning "possessed of vitality," its meaning being possessed of mind. According to Dr. W's reading of Bentham, the study of medicine must belong not to the physician but to the metaphysician, to whom, says Bentham, "belongs the classification and arrangement of psychological facts." But as Dr. W. is fond of Bentham we shall tell him—with reference to his attempt to discredit Dr. Fletcher's authority, (p. 88) by stigmatising him as a "thorough theorist," what is Bentham's opinion on that subject, "one would think that in thinking there was something wicked or else unwise; every body feels or fancies a necessity of disclaiming it, I am not given to speculation, I am no friend to theories." Speculation—theory, what is it but thinking? Can a man disclaim speculation, can a man disclaim theory without disclaiming thought? If they do not mean thought they mean nothing, for unless it be a little more thought than ordinary speculation, theory means nothing.

We have been in error in our charge against Dr. Wood (answered at p. 72 of Sequel) in reference to the use of heat by Hering; as Dr. Wood had some apology for quoting from Dr. Black's work, in which an error occurred. Dr. W. did not tell us that he was taking the statement of Jahr, we found not from Jahr, but from Dr. Black, and on turning to Hering's practice, that Dr. W. had not stated as it appears there.

The next paragraph in Dr. W.'s first appendix, we have to notice is that at p. 74, in reference to Angustura Dr. W. charges us with deliberately saying that of *true* Augustura, which we knew was observed as the effects of the *false*. After reading Dr. Wood's paragraph on this subject in the "Sequel," we turned to the passage in the French version, (the one Dr. W. must have used if he referred to the original at all) of the Materia Medica which we have quoted in the "defence," thinking we must have misunderstood it. We found however that the passage as it stands here, vol. I. p. 352, fully justifies us in our assertion, but it appears that in *the German* (Reine A. M. Lehre, Bd. 6, p. 28.) the sense is quite different, and that Emmert's name is merely mentioned in connexion with a case of poisoning with Augustura bark, said to be the false Augustura, and for that reason not incorporated by Hahnemann in the proving of the true Augustura. It appears then that to Jourdan, not us is this mistake, to be ascribed.

A few words of explanation are necessary, too, in reference to the charge met by Dr. Wood in the Sequel (p. 78.) and will shew how needless was all Dr. Wood's outcry. He had referred to the 23rd paragraph of the French edition of Hahnemann's Organon. On consulting the

French edition in common use, *and the one elsewhere quoted by him* (as at p. 83 of Hahnemann) we found the 23rd paragraph to be in the terms we quoted. We have now discovered that Dr. W. had quoted correctly, from a pirated edition, and regret that from his having made the title of the work the subject of a standing joke (nov. org.) we had no clue to the Edition in question, and naturally supposed it was the one commonly employed.) Our readers on turning to the passage in Hahnemann's Organon which Dr. Wood has severed from the context and so mis-understood or mis-represented, will see how far it is from bearing out the meaning he has tried to fix on it.

Dr. Wood is offended at our calling it his "grand argument," that if Homœopathy be true and its law universal, the old system can never have made one successful cure, unless when by accident a Homœopathic remedy was stumbled on.

Dr. W. is not aware himself of the comparative value of his arguments, or he would see that from its abstract nature—*if well founded*, it would certainly supersede the necessity of any other. Dr. Wood is angry at our laying claim to the venerable names of Hufeland and Hippocrates as witnesses in favour of Homœopathy; and has quoted *part* of a paragraph from Hufeland, in which, while warning against two errors, he says that to one of these—that of doing too little, "the Homœopathic school is liable." With his usual tactics, Dr. W. attempts to make the unwary reader believe that on this ground Hufeland condemns Homœopathy; whereas a more careful perusal exhibits the attempted perversion, and shews that he only cautioned those practising that method against the danger, to which, from the smallness of the doses employed by them, they were "liable." Our readers will find Hufeland's deliberate statement of his position towards Homœopathy, in his own words, at p. 8 of the Defence.

With regard to the authority of Hippocrates, Dr. Wood with his usual rashness asserts that it is only by an isolated sentence of a very doubtful work that this is borne out. Had Dr. Wood examined the original, he would have found a long passage in the work referred to, inculcating the Homœopathic method. One sentence of it runs thus "Alius modus hic est. Per similia morbus oritur et per similia oblata ex morbis curantur, veluti stranguriam si non adsit, idem facit et si adsit, idem sedat; tussisque eodem modo ut et urinæ stillicidium ab iisdem fit it sedatur." (De locis in homine, cap. 15.) the passage which is of considerable length, is too well known to require quotation. As to the authenticity of this book every one at all acquainted with the writings of Hippocrates knows that to be a question most difficult to decide. Mercurialis considers it genuine; Haller says it may be so as the doctrines advanced are in perfect accordance with the rest of Hippocrates' writings (Hip. op. Edit. Alberte Haller.) Sprengel says of it that it is certainly of great antiquity, having all the characteristics of style that distinguish the

genuine works of Hippocrates at the same time there is considerable probability for its being written by a physician of Cnidos not of Cos. (Apologie des Hippocrates, vol. I. p. 92.)

Dr. Wood's next sentence is "every one in the slightest degree acquainted with the writings of Hippocrates is aware that his "law contraria contrariis opponenda," "is the basis of all his Homœpathic proceedings, &c." Sprengel is generally supposed to be about as well acquainted with the writings of Hippocrates as any modern author, and he doos not altogether coincide with Dr. Wood, for he observes "the rule *contraria contrariis opponenda,*" was very far from having the universal application according to the medical system of Hippocrates, which it has again and again been represented to have had. It was in every case subordinate to the grand rule of "*follow nature,*" (Sprengel, Geschichte der Arzneikunde, vol. I. p. 259.) We refer our readers to p. 10 of the "Defence," for a true representation of what the doctrines of Hippocrates were as taught in his works, and in those of his best commentators.

We conclude our observations by reiterating our former statement, that many of our most serious charges are altogether overlooked: to specify all the instances would be to transcribe the "Defence" into the Supplement. It is hardly necessary to point out to our readers the altered tone, defensive attitude, and pouting, peevish air of the last performance, presenting no small contrast to the haughty bearing of the earlier production. Dr. Wood attempts by an accumulation of petty details, to bewilder his readers, and prevent them seeing the great outlines of the controversy;—we sincerely trust that the writings on both sides may be perused consecutively, and firmly believe that on the unbiassed mind, the impression left will be that, whatever the comparative merits of the controversialists are, there is more in Homœopathy than is to be found in their writings; more matter for earnest study, above all more subject for direct experiment. It is well said of a good book, that it supersedes itself. The highest praise of a controversy is to make itself unnecessary for the future.

On the Action of Asafœtida upon the Secretion of Milk in Nurses. By Dr. Kallenbach, of Berlin. (From Hom. Zeitung, 26th vol., No. v.)

Case 1st.—A lady of 34 years of age, of robust habit of body, the mother of six children, had never been able to nurse any of them from the disappearance of the milk within three weeks of her delivery. In April of 1843, she was delivered very easily; ten days after the milk became diminished in quantity, and on the fourteenth day only a few drops could be squeezed out with difficulty. Dr. Kallenbach ordered her *Tinct. Asafœt.* gtt I. in a dram of alcohol; 5 drops of this to be taken three times a-day. On the second day after the use of this medicine, the flow of milk was copious. As the milk was rendered offensive to the child by the asafœtida, he tried the 3d dilution and found it answer as well.

After the medicine had been discontinued for some weeks, the suppression returned, and was again cured by the 3d dilution.

Case 2d.—A healthy female of 21 years old, found a decided diminution of the milk on the 6th week after her first confinement, so that her strong and healthy child could not obtain enough of nourishment. She was ordered *Tinct. Asafœt.* in the 3d dilution, and after the use of this she continued to suckle her child to the ninth month.

Case 3d.—A woman of 34 years of age, who had hitherto nursed her own children, but always required the assistance of the bottle, was confined on the 16th of September, and when seen on the 17th of November, she complained that already the secretion of milk was much diminished, and that she had required to feed the child with the bottle for three weeks. The mamma was relaxed, and only a few drops of milk could be pressed out of the nipple. She got *asafœtida* in the 3d dilution for eight days without any improvement. She was then ordered it in the 1st dilution, which was at first unpleasant from the smell and taste; but she persevered for 5 days, and at the end of that time, there was an abundant secretion of milk. On the 28th of December there was again some suppression, and now the 3d dilution was administered with such complete success that she was able soon afterwards to dispense with the bottle altogether. She had made no change in her food.

NOTICES OF DISPENSARIES.

We have received the first Report of the London Homœopathic Institution. From the small number of in-patients, and the Report of the Ely Place Dispensary being incorporated with that of the Hospital, it is not possible to obtain from it any statistical data. We understand that many more patients will after this be received into the Hospital, and we have no doubt that when the numbers are sufficient to afford definite results, the popular form which it has at present assumed will be exchanged for one more purely scientific.

We are glad to be able to testify, from personal observation, to the excellence of the accommodation and management of the Hospital. The wards are very comfortable and well ventilated, and the general arrangements are entitled to the highest praise.

BOOKS RECEIVED.

Homœopathy *versus* Allopathy, or the Reform among the Mystery Men. Brighton, 1844. Pamphlet, 12mo. pp. 14.

Report of the Manchester Homœopathic Dispensary, 1844.

ERRATA.

Page 209		*for* tenia	*read* tinea
„ 211		„ Neidhund	„ Neidhard
„ 179		„ curecta	„ *cum cretâ*
„ 314	*line* 14	„ cure	„ case
„ 310 & 311		„ plumosis	„ phymosis
„ 311		„ cautiously	„ constantly
Appendix p. ci second last line		„ mucus	„ gland

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